

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N07964** (2)

1. Corporation Name

**LONGWOOD VILLAS OF SARASOTA HOMEOWNERS ASSOCIATI
ON, INC.**

Principal Place of Business

**All Florida Services
GULF COAST MANAGEMENT
2831 RINGLING BLVD SUITE 2187
SARASOTA FL 34237
US**

Mailing Address

**All Florida Services
GULF COAST MANAGEMENT
2831 RINGLING BLVD SUITE 2187
SARASOTA FL 34237
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		03/05/1985		06/30/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-2653834		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		29		30	
24		25		29		30	

9. Name and Address of Current Registered Agent

**AllFlorida Services
2831 RINGLING BLVD
SUITE 2187
SARASOTA FL 34237**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P
NAME	JOHNSON, CATHERINE S	1.2 NAME	JOHNSON, CATHERINE
STREET ADDRESS	4520 ASCOT CIRCLE NORTH	1.3 STREET ADDRESS	4520 Ascot Circle N
CITY - ST - ZIP	SARASOTA FL	1.4 CITY - ST - ZIP	Sarasota, FL 34235
TITLE	VPS	2.1 TITLE	S/T
NAME	CHRISTIAN, JANET	2.2 NAME	CHRISTIAN, JANET
STREET ADDRESS	4431 ASCOT CIRCLE SOUTH	2.3 STREET ADDRESS	4431 Ascot Circle S.
CITY - ST - ZIP	SARASOTA FL	2.4 CITY - ST - ZIP	Sarasota, FL 34235
TITLE	SD	3.1 TITLE	V
NAME	JABLONSKI, TONY	3.2 NAME	JABLOWONSKI, TONY
STREET ADDRESS	4460 ASCOT CIRCLE NORTH	3.3 STREET ADDRESS	4460 Ascot, Circle N.
CITY - ST - ZIP	SARASOTA FL	3.4 CITY - ST - ZIP	Sarasota, FL 34235
TITLE	TD	4.1 TITLE	D
NAME	TABLONSKI, TONY	4.2 NAME	MARINO, GENE
STREET ADDRESS	4460 ASCOT CIRCLE NORTH	4.3 STREET ADDRESS	4858 Tivoli Ct.
CITY - ST - ZIP	SARASOTA FL	4.4 CITY - ST - ZIP	Sarasota, FL 34235
TITLE	D	5.1 TITLE	
NAME	MARINO, GENE	5.2 NAME	
STREET ADDRESS	4858 TIVOLI COURT	5.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	D
NAME	JOHNSON, GARY R	6.2 NAME	KUPCZ. MICHAEL
STREET ADDRESS	4582 DEL SOL BLVD	6.3 STREET ADDRESS	4797 Tivoli Place
CITY - ST - ZIP	SARASOTA FL	6.4 CITY - ST - ZIP	Sarasota, FL 34235

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Catherine S. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E037 (12/95)