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)

LONGWOOD VILLAS OF SARASOTA HOMEOWNERS ASSOCIATION, 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



US US									3. Date Incorporated or Qualified			ast Report	٦
2. Principal Place of Business				2a. Mailing Address				03/05/1985		00/3	0/1995	_	
21	icido o Dadin	J 33	—	26 Address					4. FEI Number			Applied For	_
Suite, Apt. #, etc.				Suite, Apt. #, etc.					59-2653834	7.1		Not Applicable	_
22				27								.75 Additional ee Required	
City & State				City & State					6. Election Campaign Financing		\$5	.00 May Be	7
23			28					Trust Fund Contribution				ided to Fees	
Zip		Country	ļ	Zip 1	_	Country			8. This corporation has liability for in:	tangible tax	unde	rs. 199.032,	٦
24 25 29					30			Florida Statutes					
Name and Address of Current Registered Agent									10. Name and Address of New Re-	gistered A	gent		7
						81	81 Name						
AllFlorida Services					82 Street Add			Addres	s (P.O. Box Number is Not Acceptable	·			-
2831 RINGLING BLVD					Street Addre			100103	S (* . C. DOX RUITIDE IS NOT ACCEPTABLE	,			
SUITE 2187					83								4
SARASOTA FL 34237													
						84	City				85	Zip Code	7
11. Pursuant	to the provision	ons of Sections 617	7.0502 and 6	17.1508. Florida Statute	s the abo	ύρ.η:	amed cor	moratio	on submits this statement for the purpo	<u> FL</u>	Щ,	1	١
or register	red agent, or	both, in the State o	of Florida. Suc	ch change was authorize	d by the c	porpo	oration's to	pord o	on submits this statement for the purpoor of directors. I hereby accept the appoir	ntment as r	iging r egiste	is registered office red agent. I am	1
101111101 111	ил, апо ассер	or the obligations of	, Section 517	7.0503, Florida Statutes.							•		
SIGNATURE .	Sonature broad r	x printed name of registers	of Appril and the	f a K				.					
12.			RS AND DIRE		13.	Agent	signature rec	quired wh	hen reinstating)	DATE	01000	TODO 111	୍ର 🌡
TITLE	PD	0,7100	IO AITO DITE	DELETE	1.1 717	· ·	—	P	ADDITIONS/CHANGES TO OFFIC				(12/95)
NAME		_					l	-	UNICON CAMUEDTUE	L] Chang	ge 🔲 Addition	
STREET ADDRESS	JOHNSON, CATHERINE S			1.2 N			i	JOHNSON, CATHERINE				37	
	S 4520 ASCOT CIRCLE NORTH SARASOTA FL			1.3 ST		REET A	address	1 1520 RECOU CITCIE R				입	
CITY-ST-ZIP					Y-\$1	-ZiP		rasota, FL 34235	5			CR2E037	
TITLE	VPS DELETE			2.1 TIT	ŗE		S/T Change				je 🔲 Addition]0	
NAME	CHRISTIAN, JANET				2.2 NA				RISTIAN, JANET				
STREET ADDRESS					REET A	ADORESS	4431 Ascot Circle S						
CITY-ST-ZIP	SARASC	<u>)ta fl</u>		2 4 01			Sai	31 Ascot Circle S rasota, FL 34235	; •				
TITLE	SD X]DELETE				3.1 TIT	ĹΕ					Chang	e 🔲 Addition	1
NAME	JABLONSKI, TONY				3.2 NA	МE	- 1	JABLOWONSKI, TONY				_	
STREET ADDRESS					3.3 STREET ADDRESS 4			44.6	60 Ascot, Circle	M			
CITY - ST - ZIP	SARASOTA FL				3.4. CI			Sai	rasota, FL 34235	74.			1
TITLE	TD			DELETE 4.171			 -	D			Chang	e Addition	1
NAME	TABLON	TADI ANAZI TANI						~	RINO, GENE		, Smiring	· LI Addition	
STREET ADDRESS	4460 ASCOT CIRCLE NORTH					4.2 NAME MA 4.3 STREET ADDRESS A P			RINO, GENE 58 Tivoli Ct casota, FL 34235				
CITY-ST-ZIP	SARASOTA FL				4.4 CfT		TIO :	4000 livoli Ct. Saragota RL 34		:			
TITLE	D			DELETE	5.1 TiTi	! 	- 2117		Labora, III 34233	, <u> </u>	Chara	A T Addison	1
NAME	_	GENE			5.2 NAI		j			Ц	Chang	e 🔲 Addition	1
STREET ADDRESS	MARINO, GENE 4858 TIVOLI COURT			- 1								1	
CITY-ST-ZIP	SARASOTA FL				5.3 STREET ADDRESS								
TITLE	D D	IN FL		(F) DELETE	5.4 CIT	 -	ZIP	_					1
1	-	M AADV D		DELETE	6.1 TITE		- 1	D			Chang	e 🖸 Addition	
NAME	JOHNSON, GARY R				6.2 NA	62 NAME KUI			PCZ. MICHAEL				
STREET ADDRESS		L SOL BLVD			63 STR	ÈET AC	DDRESS	479	7 Tivoli Place				
CITY-ST-ZIP	ITY-ST-ZIP SARASOTA FL 4. I do hereby certify that the information supplied with this filling is voluntarily furnished.								asota, F1 34235				
14. I do hereby	v certif∨ that t	ne information sum	olied with this	filing is voluntarily furnic	had and d	SAC I	not qualif	t for th	no augmention about it Continue 440.07	inva v Etc. 2			4

on 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 13 if changed, or on an attachment with an address.

SIGNATURE:

SACTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96 Dato

Davione Phone #