

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90182 034 \*\*\*\*61.25

**DOCUMENT # N07935**

1. Entity Name

**LONGWOOD RUN COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**ALL FLORIDA SERVICES**  
**2831 RINGLING BLVD., STE 218-F**  
**SARASOTA FL 34237**  
**US**

**ALL FLORIDA SERVICES**  
**2831 RINGLING BLVD., STE 218-F**  
**SARASOTA FL 34237-5354**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2654885**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALL FLORIDA SERVICES INC**  
**2831 RINGLING BLVD.**  
**STE. 218-F**  
**SARASOTA FL 34237**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WINDING, JIM	
STREET ADDRESS	5761 BEAURIVANE	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROSEN, MARY	
STREET ADDRESS	4750 TIVOLI AVENUE	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MILLER, SUSAN	
STREET ADDRESS	6056 MARELLA	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURKHARDT, HAROLD	
STREET ADDRESS	6122 VAREDO ST	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ECKERT, JIM	
STREET ADDRESS	5629 MONTE ROSSO RD.	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEFEL, EILEEN	
STREET ADDRESS	5500 LONGWOOD RUN BLVD, #103	
CITY-ST-ZIP	SARASOTA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charlotte Peterson	
STREET ADDRESS	4461 Ascot Circle So	
CITY-ST-ZIP	Sarasota, FL 34235	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maureen Gregg	
STREET ADDRESS	6120 Nicole Dr	
CITY-ST-ZIP	Sarasota, FL 34243	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	34243	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sanford Spitz	
STREET ADDRESS	c/o All Florida Services	
CITY-ST-ZIP	2831 Ringling Blvd 218F	
	Sarasota, FL 34237	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	34243	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**JAMES E. Winding**

SIGNATURE: *James E. Winding* President

2-9-00 941-355-7888

CR2E037 (9/99)