

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State
Need Check 61.25

DOCUMENT # N07935

1. Entity Name

LONGWOOD RUN COMMUNITY ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

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



01172004 No Chg-NP CR2E037 (10/03)

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4. FEI Number

59-2654885

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WINDING, JIM
STREET ADDRESS	5761 BEAURIVANE
CITY, ST, ZIP	SARASOTA, FL 34243
TITLE	D
NAME	WAHL, BEN
STREET ADDRESS	2831 RINGLING BLVD STE 228 F
CITY, ST, ZIP	SARASOTA, FL 34243
TITLE	TD
NAME	GREGG, MAUREEN
STREET ADDRESS	2831 RINGLING BLVD STE 218F
CITY, ST, ZIP	SARASOTA, FL 34237
TITLE	D
NAME	BURKHARDT, HAROLD
STREET ADDRESS	2831 RINGLING BLVD STE 218 F
CITY, ST, ZIP	SARASOTA, FL 34237
TITLE	DS
NAME	AUERBACH, LAURIE
STREET ADDRESS	2831 RINGLING BLVD STE F
CITY, ST, ZIP	SARASOTA, FL 342375354
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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05/04/04-80008-006 61.25

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jim Winding 4/12/03 941-366-7466