

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90375 041 ****61.25

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01132005 Chg-NP CR2E037 (10/03)

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2654885	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WINDING, JIM 5761 BEAURIVANE SARASOTA, FL 34243	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAHL, BEN 2831 RINGLING BLVD STE 228 F SARASOTA, FL 34243	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JIM GRINSHAW <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2831 Ringling Blvd 218F SARASOTA FL 34237	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREGG, MAUREEN 2831 RINGLING BLVD STE 218F SARASOTA, FL 34237	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN FILES <input type="checkbox"/> Change <input type="checkbox"/> Addition 2831 RINGLING BLVD 218F SARASOTA FL 34237	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKHARDT, HAROLD 2831 RINGLING BLVD STE 218 F SARASOTA, FL 34237	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS AUERBACH, LAURIE 2831 RINGLING BLVD STE F SARASOTA, FL 342375354	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Account # <u>4135</u> Approved By: _____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Check Number: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition Date Paid: _____	
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: <u>Jim Winding</u> 9/1/05 366 7466 JIM WINDING <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					