2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N07964

Entity Name: LONGWOOD VILLAS OF SARASOTA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2477 STICKNEY POINT RD.
SUITE 118A
SARASOTA, FL 34231 US

New Principal Place of Business:

Current Mailing Address:

2477 STICKNEY POINT RD.
SUITE 118A
SARASOTA, FL 34231 US

New Mailing Address:

FEI Number: 59-2653834 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARGUS PROPERTY MANAGEMENT INC.
2477 STICKNEY POINT RD., SUITE 118A
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BELL, BRUCE
Address: 5263 TIVOLI AVE
City-St-Zip: SARASOTA, FL 34235 US

Title: VP ( ) Delete
Name: CLIFF, JIM
Address: 4787 TIVOLI PLACE
City-St-Zip: SARASOTA, FL 34235 US

Title: T ( ) Delete
Name: RIVERS, FRED
Address: 4840 TIVOLI AVE
City-St-Zip: SARASOTA, FL 34235 US

Title: P ( ) Delete
Name: HOWARD, FINKAL
Address: 4867 TIVOTI LANE
City-St-Zip: SARASOTA, FL 34235 US

Title: S ( ) Delete
Name: WELLS, ANITA
Address: 4852 TIVOLI AVE
City-St-Zip: SARASOTA, FL 34235 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: CLIFF, JIM
Address: 4787 TIVOLI PLACE
City-St-Zip: SARASOTA, FL 34235 US

Title: T (X) Change ( ) Addition
Name: PERKINS, FRED
Address: 4876 TIVOLI AVE
City-St-Zip: SARASOTA, FL 34235 US

Title: VP (X) Change ( ) Addition
Name: ALCOCK, SCOTT
Address: 4796 TIVOTI AVE
City-St-Zip: SARASOTA, FL 34235 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM CLIFF P 04/23/2009

Electronic Signature of Signing Officer or Director — Date