I hereby 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 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	
above, or on an attachment with all other like empowered.	

Electronic Signature of Signing Officer/Director Detail

Name and Address of Current Registered Agent:

TROPICAL ISLES MANAGEMENT 12734 KENWOOD LN, STE 49 FORT MYERS, FL 33907 US

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

Officer/Director Detail :

Title	D	Title	VP
Name	ANGELVAR, DUANE	Name	BARRINGTON, DAVID
Address	12734 KENWOOD LANE STE 49	Address	12734 KENWOOD LANE STE 49
City-State-Zip:	FORT MYERS FL 33907	City-State-Zip:	FORT MYERS FL 33907
Title	Р	Title	D
Title Name	P FORD, RICK	Title Name	D DONOHUE, ED
	•		-
Name	FORD, RICK	Name	DONOHUE, ED

Certificate of Status Desired: No

FILED Mar 04, 2015 Secretary of State CC3069194047

Date

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0200005786

Entity Name: LONGHURST COMMONS ASSOCIATION, INC.

Current Principal Place of Business:

12734 KENWOOD LANE STE 49 FORT MYERS. FL 33907

Current Mailing Address:

12734 KENWOOD LANE STE 49 FORT MYERS. FL 33907

FEI Number: 56-2297957

PRESIDENT

03/04/2015

Date