

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07935

FILED
Mar 21, 2016
Secretary of State
CC6721769752

Entity Name: LONGWOOD RUN COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

GULF COAST COMMUNITY MANAGEMENT
677 NORTH WASHINGTON BLVD
SARASOTA, FL 34236

Current Mailing Address:

GULF COAST COMMUNITY MANAGEMENT
677 NORTH WASHINGTON BLVD
SARASOTA, FL 34236 US

FEI Number: 59-2654885

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GULF COAST COMMUNITY MANAGEMENT, LLC
GULF COAST COMMUNITY MANAGEMENT
677 NORTH WASHINGTON BLVD
SARASOTA, FL 34236 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: WILLIAM ASHBY

03/21/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MARLOWE, LISA
Address GULF COAST COMMUNITY
 MANAGEMENT
 677 NORTH WASHINGTON BLVD
City-State-Zip: SARASOTA FL 34236

Title SECRETARY
Name FINKEL, HOWARD
Address GULF COAST COMMUNITY
 MANAGEMENT
 677 NORTH WASHINGTON BLVD
City-State-Zip: SARASOTA FL 34236

Title TREASURER
Name BASTEK, RON
Address GULF COAST COMMUNITY
 MANAGEMENT
 677 NORTH WASHINGTON BLVD
City-State-Zip: SARASOTA FL 34236

Title DIRECTOR
Name STUBECK, BOB
Address GULF COAST COMMUNITY
 MANAGEMENT
 677 NORTH WASHINGTON BLVD
City-State-Zip: SARASOTA FL 34236

Title DIRECTOR
Name TOWNSEND, BOB
Address GULF COAST COMMUNITY
 MANAGEMENT
 677 NORTH WASHINGTON BLVD
City-State-Zip: SARASOTA FL 34236

Title DIRECTOR
Name DYKE, JAN
Address GULF COAST COMMUNITY
 MANAGEMENT
 677 NORTH WASHINGTON BLVD
City-State-Zip: SARASOTA FL 34236

Title DIRECTOR
Name BARBER, LIZ
Address GULF COAST COMMUNITY
 MANAGEMENT
 677 NORTH WASHINGTON BLVD
City-State-Zip: SARASOTA FL 34236

Title DIRECTOR
Name HARRINGTON, GILDA
Address GULF COAST COMMUNITY
 MANAGEMENT
 677 NORTH WASHINGTON BLVD
City-State-Zip: SARASOTA FL 34236

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 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 all other like empowered.

SIGNATURE: LISA MARLOWE

PRESIDENT

03/21/2016

