

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07935

**Entity Name:** LONGWOOD RUN COMMUNITY ASSOCIATION, INC.

**FILED**  
**Apr 18, 2024**  
**Secretary of State**  
**2502923650CC**

**Current Principal Place of Business:**

8588 POTTER PARK DRIVE  
#500  
SARASOTA , FL 34238

**Current Mailing Address:**

8588 POTTER PARK DRIVE  
#500  
SARASOTA , FL 34238 US

**FEI Number: 59-2654885**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CAPSTONE ASSOCIATION MANAGEMENT  
8588 POTTER PARK DRIVE  
#500  
SARASOTA , FL 34238 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: ROBERT MIKULSKI**

**04/18/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name HOWELL, EILEEN  
Address 8588 POTTER PARK DRIVE  
#500  
City-State-Zip: SARASOTA FL 34238

Title DIRECTOR  
Name TOWNSEND, ROBERT  
Address 8588 POTTER PARK DRIVE  
#500  
City-State-Zip: SARASOTA FL 34238

Title PRESIDENT  
Name MIKULSKI, ROBERT  
Address 8588 POTTER PARK DRIVE  
#500  
City-State-Zip: SARASOTA FL 34238

Title TREASURER  
Name BEHR, VIRGINIA  
Address 8588 POTTER PARK DRIVE  
#500  
City-State-Zip: SARASOTA FL 34238

Title VP  
Name HARTMAN, PAUL  
Address 8588 POTTER PARK DRIVE  
#500  
City-State-Zip: SARASOTA FL 34238

Title DIRECTOR  
Name WERY, LOUIS  
Address 8588 POTTER PARK DRIVE  
#500  
City-State-Zip: SARASOTA FL 34238

Title DIRECTOR  
Name FRANKLIN, JANA  
Address 8588 POTTER PARK DRIVE  
#500  
City-State-Zip: SARASOTA FL 34238

Title DIRECTOR  
Name DOWNES, LES  
Address 8588 POTTER PARK DRIVE  
#500  
City-State-Zip: SARASOTA FL 34238

*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: ROBERT MIKULSKI**

**PRESIDENT**

**04/18/2024**

Electronic Signature of Signing Officer/Director Detail

Date