

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07935

FILED
Jun 04, 2020
Secretary of State
2280577038CC

Entity Name: LONGWOOD RUN COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

9040 TOWN CENTER PARKWAY
SUITE 200
LAKEWOOD RANCH, FL 34202

Current Mailing Address:

9040 TOWN CENTER PARKWAY
SUITE 200
LAKEWOOD RANCH, FL 34202 US

FEI Number: 59-2654885

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GULF COAST COMMUNITY MANAGEMENT
9040 TOWN CENTER PARKWAY
SUITE 200
LAKEWOOD RANCH, FL 34202 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

06/04/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name BASTEK, RON
Address 9040 TOWN CENTER PARKWAY
SUITE 200
City-State-Zip: LAKEWOOD RANCH FL 34202

Title DIRECTOR
Name ENGELHART, SUE
Address 9040 TOWN CENTER PARKWAY
SUITE 200
City-State-Zip: LAKEWOOD RANCH FL 34202

Title DIRECTOR
Name DYKE, JAN
Address 9040 TOWN CENTER PARKWAY
SUITE 200
City-State-Zip: LAKEWOOD RANCH FL 34202

Title DIRECTOR
Name KAPLAN, KEN
Address 9040 TOWN CENTER PARKWAY
SUITE 200
City-State-Zip: LAKEWOOD RANCH FL 34202

Title TREASURER
Name TOWNSEND, BOB
Address 9040 TOWN CENTER PARKWAY
SUITE 200
City-State-Zip: LAKEWOOD RANCH FL 34202

Title VP
Name LES, DOWNES
Address 9040 TOWN CENTER PARKWAY
SUITE 200
City-State-Zip: LAKEWOOD RANCH FL 34202

Title PRESIDENT
Name ZAHARAKIS, TOM
Address 9040 TOWN CENTER PARKWAY
SUITE 200
City-State-Zip: LAKEWOOD RANCH FL 34202

Title SECRETARY
Name SMITH, MAXXINE
Address 9040 TOWN CENTER PARKWAY
SUITE 200
City-State-Zip: LAKEWOOD RANCH FL 34202

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: TOM ZAHARAKIS

PRESIDENT

06/04/2020

Electronic Signature of Signing Officer/Director Detail

Date