

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07935

FILED
Apr 11, 2021
Secretary of State
2285257058CC

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:

C/O GULF COAST COMMUNITY MANAGEMENT
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

04/11/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name ANDERSON, MICHAEL
Address C/O GULF COAST COMMUNITY
MANAGEMENT
9040 TOWN CENTER PARKWAY
SUITE 200
City-State-Zip: LAKEWOOD RANCH FL 34202

Title DIRECTOR
Name KANE, MARILYN
Address C/O GULF COAST COMMUNITY
MANAGEMENT
9040 TOWN CENTER PARKWAY
SUITE 200
City-State-Zip: LAKEWOOD RANCH FL 34202

Title DIRECTOR
Name DYKE, JAN
Address C/O GULF COAST COMMUNITY
MANAGEMENT
9040 TOWN CENTER PARKWAY
SUITE 200
City-State-Zip: LAKEWOOD RANCH FL 34202

Title DIRECTOR
Name KAPLAN, KEN
Address C/O GULF COAST COMMUNITY
MANAGEMENT
9040 TOWN CENTER PARKWAY
SUITE 200
City-State-Zip: LAKEWOOD RANCH FL 34202

Title TREASURER
Name TOWNSEND, BOB
Address C/O GULF COAST COMMUNITY
MANAGEMENT
9040 TOWN CENTER PARKWAY
SUITE 200
City-State-Zip: LAKEWOOD RANCH FL 34202

Title VP
Name DOWNES, LES
Address 5606 MONTE ROSSO ROAD
9040 TOWN CENTER PARKWAY
SUITE 200
City-State-Zip: LAKEWOOD RANCH FL 34243

Title PRESIDENT
Name ZAHARAKIS, TOM
Address C/O GULF COAST COMMUNITY
MANAGEMENT
9040 TOWN CENTER PARKWAY
SUITE 200
City-State-Zip: LAKEWOOD RANCH FL 34202

Title SECRETARY
Name SMITH, MAXXINE
Address C/O GULF COAST COMMUNITY
MANAGEMENT
9040 TOWN CENTER PARKWAY
SUITE 200
City-State-Zip: LAKEWOOD RANCH FL 34202

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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-
SIGNATURE: WILLIAM ASHBY RA 04/11/2021
Signature of the President, Director, Secretary, Treasurer, 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.

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name ASHBY, WILLIAM
Address C/O GULF COAST COMMUNITY MANAGEMENT
9040 TOWN CENTER PARKWAY SUITE 200
City-State-Zip: LAKEWOOD RANCH FL 34202