

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07935

FILED
Apr 29, 2019
Secretary of State
1927116106CC

Entity Name: LONGWOOD RUN COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

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

Current Mailing Address:

C/O 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
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

04/29/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name HITTLE, DENNIS
Address C/O GULF COAST COMMUNITY MANAGEMENT
677 NORTH WASHINGTON BLVD
City-State-Zip: SARASOTA FL 34236

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

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

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

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

Title DIRECTOR
Name LES, DOWNES
Address C/O GULF COAST COMMUNITY MANAGEMENT
677 NORTH WASHINGTON BLVD
City-State-Zip: SARASOTA FL 34236

Title VP
Name ZAHARAKIS, TOM
Address C/O GULF COAST COMMUNITY MANAGEMENT
677 NORTH WASHINGTON BLVD
City-State-Zip: SARASOTA FL 34236

Title DIRECTOR
Name SMITH, MAXXINE
Address C/O 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: JAN DYKE

PRESIDENT

04/29/2019

Electronic Signature of Signing Officer/Director Detail

Date