

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07935

**FILED
Apr 30, 2018
Secretary of State
CC8888605493**

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:

ASHBY, WILLIAM
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

04/30/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

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

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

Title DIRECTOR
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: WILLIAM ASHBY

CAM

04/30/2018

