

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07935

Entity Name: LONGWOOD RUN COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**2201 CANTU CT
SUITE 106
SARASOTA, FL 34232**Current Mailing Address:**C/O GULF COAST COMMUNITY MANAGEMENT
2201 CANTU CT SUITE 106
SARASOTA, FL 34232 US**FEI Number:** 59-2654885**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GULF COAST COMMUNITY MANAGEMENT, LLC
2201 CANTU CT
SUITE 106
SARASOTA, FL 34232 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

04/06/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name DUVAL , BOB
Address C/O GULF COAST COMMUNITY
MANAGEMENT
2201 CANTU CT SUITE 106
City-State-Zip: SARASOTA FL 34232

Title PRESIDENT
Name DYKE, JAN
Address C/O GULF COAST COMMUNITY
MANAGEMENT
2201 CANTU CT SUITE 106
City-State-Zip: SARASOTA FL 34232

Title TREASURER
Name TOWNSEND, BOB
Address C/O GULF COAST COMMUNITY
MANAGEMENT
2201 CANTU CT SUITE 106
City-State-Zip: SARASOTA FL 34232

Title DIRECTOR
Name YODER, JOHN
Address C/O GULF COAST COMMUNITY
MANAGEMENT
2201 CANTU CT SUITE 106
City-State-Zip: SARASOTA FL 34232

Title SECRETARY
Name HARTMAN, PAUL
Address C/O GULF COAST COMMUNITY
MANAGEMENT
2201 CANTU CT SUITE 106
City-State-Zip: SARASOTA FL 34232

Title DIRECTOR
Name MIKULSKI, BOB
Address C/O GULF COAST COMMUNITY
MANAGEMENT
2201 CANTU CT SUITE 106
City-State-Zip: SARASOTA FL 34232

Title DIRECTOR
Name DOWNES, LES
Address C/O GULF COAST COMMUNITY
MANAGEMENT
2201 CANTU CT SUITE 106
City-State-Zip: SARASOTA FL 34232

Title DIRECTOR
Name SMITH, MAXXINE
Address C/O GULF COAST COMMUNITY
MANAGEMENT
2201 CANTU CT SUITE 106
City-State-Zip: SARASOTA FL 34232

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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 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**REGISTERED AGENT**

04/06/2022

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name ASHBY, WILLIAM
Address C/O GULF COAST COMMUNITY MANAGEMENT
2201 CANTU CT SUITE 106
City-State-Zip: SARASOTA FL 34232