## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07935

Entity Name: LONGWOOD RUN COMMUNITY ASSOCIATION, INC.

FILED
Mar 21, 2016
Secretary of State
CC6721769752

## **Current Principal Place of Business:**

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

## **Current Mailing Address:**

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, LLC 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 03/21/2016

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title SECRETARY

Name MARLOWE, LISA Name FINKEL, HOWARD

Address GULF COAST COMMUNITY Address GULF COAST COMMUNITY

MANAGEMENT MANAGEMENT

677 NORTH WASHINGTON BLVD 677 NORTH WASHINGTON BLVD

City-State-Zip: SARASOTA FL 34236 City-State-Zip: SARASOTA FL 34236

 Title
 TREASURER
 Title
 DIRECTOR

 Name
 BASTEK, RON
 Name
 STUBECK, BOB

Address GULF COAST COMMUNITY Address GULF COAST COMMUNITY

MANAGEMENT MANAGEMENT

677 NORTH WASHINGTON BLVD 677 NORTH WASHINGTON BLVD

City-State-Zip: SARASOTA FL 34236 City-State-Zip: SARASOTA FL 34236

TitleDIRECTORTitleDIRECTORNameTOWNSEND, BOBNameDYKE, JAN

Address GULF COAST COMMUNITY Address GULF COAST COMMUNITY

MANAGEMENT MANAGEMENT

677 NORTH WASHINGTON BLVD 677 NORTH WASHINGTON BLVD

City-State-Zip: SARASOTA FL 34236 City-State-Zip: SARASOTA FL 34236

Title DIRECTOR Title DIRECTOR

Name BARBER, LIZ Name HARRINGTON, GILDA

Address GULF COAST COMMUNITY Address GULF COAST COMMUNITY

MANAGEMENT MANAGEMENT

677 NORTH WASHINGTON BLVD 677 NORTH WASHINGTON BLVD

City-State-Zip: SARASOTA FL 34236 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: LISA MARLOWE PRESIDENT 03/21/2016