2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07935

Entity Name: LONGWOOD RUN COMMUNITY ASSOCIATION, INC.

FILED Jun 04, 2020 Secretary of State 2280577038CC

9040 TOWN CENTER PARKWAY

Current Principal Place of Business:

9040 TOWN CENTER PARKWAY

SUITE 200

LAKEWOOD RANCH, FL 34202

Current Mailing Address:

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 06/04/2020

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

Name BASTEK, RON Name ENGELHART, SUE

9040 TOWN CENTER PARKWAY Address Address SUITE 200

SUITE 200

City-State-Zip: LAKEWOOD RANCH FL 34202 City-State-Zip: LAKEWOOD RANCH FL 34202

Title **DIRECTOR** Title **DIRECTOR** Name DYKE, JAN Name KAPLAN, KEN

Address 9040 TOWN CENTER PARKWAY Address 9040 TOWN CENTER PARKWAY

SUITE 200 SUITE 200

City-State-Zip: LAKEWOOD RANCH FL 34202 City-State-Zip: LAKEWOOD RANCH FL 34202

Title **TREASURER** Title ٧P

TOWNSEND, BOB LES, DOWNES Name Name

9040 TOWN CENTER PARKWAY 9040 TOWN CENTER PARKWAY Address Address

SUITE 200 SUITE 200

City-State-Zip: LAKEWOOD RANCH FL 34202 City-State-Zip: LAKEWOOD RANCH FL 34202

PRESIDENT Title SECRETARY Title Name ZAHARAKIS, TOM Name SMITH. MAXXINE

Address 9040 TOWN CENTER PARKWAY Address 9040 TOWN CENTER PARKWAY

> SUITE 200 SUITE 200

LAKEWOOD RANCH FL 34202 LAKEWOOD RANCH FL 34202 City-State-Zip: City-State-Zip:

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: TOM ZAHARAKIS **PRESIDENT** 06/04/2020