

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07935

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
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

03/06/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Continues on page 2

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

03/06/2017

Officer/Director Detail Continued :

Title OTHER
Name ASHBY, WILLIAM
Address C/O GULF COAST COMMUNITY MANAGEMENT
677 NORTH WASHINGTON BLVD
City-State-Zip: SARASOTA FL 34236