2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07935

Entity Name: LONGWOOD RUN COMMUNITY ASSOCIATION, INC.

FILED
Apr 29, 2019
Secretary of State
1927116106CC

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 677 NORTH WASHINGTON BLVD SARASOTA, FL 34236 US

MANAGEMENT

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 04/29/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

Name HITTLE, DENNIS Name FINKEL, HOWARD

Address C/O GULF COAST COMMUNITY Address C/O GULF COAST COMMUNITY

MANAGEMENT

677 NORTH WASHINGTON BLVD 677 NORTH WASHINGTON BLVD

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

 Title
 PRESIDENT
 Title
 SECRETARY

 Name
 DYKE, JAN
 Name
 STUBECK, BOB

Address C/O GULF COAST COMMUNITY Address C/O 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

TitleTREASURERTitleDIRECTORNameTOWNSEND, BOBNameLES, DOWNES

Address C/O GULF COAST COMMUNITY Address C/O 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 VP Title DIRECTOR

Name ZAHARAKIS, TOM Name SMITH, MAXXINE

Address C/O GULF COAST COMMUNITY Address C/O 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: JAN DYKE PRESIDENT 04/29/2019