

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N07964

**Entity Name:** LONGWOOD VILLAS OF SARASOTA HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O CAPSTONE ASSOCIATION MANAGEMENT  
8588 POTTER PARK DRIVE SUITE 500  
SARASOTA, FL 34238

**Current Mailing Address:**

C/O CAPSTONE ASSOCIATION MANAGEMENT  
8588 POTTER PARK DRIVE SUITE 500  
SARASOTA, FL 34238 US

**FEI Number:** 59-2653834

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SCHORTZMAN, SERENA  
C/O CAPSTONE ASSOCIATION MANAGEMENT  
8588 POTTER PARK DRIVE SUITE 500  
SARASOTA, FL 34238 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:** SERENA SCHORTZMAN

09/20/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           APPLE, MORRIS  
Address        C/O CAPSTONE ASSOCIATION  
                  MANAGEMENT  
                  8588 POTTER PARK DRIVE SUITE 500

Title           SECRETARY  
Name           CYRUS, CATHERINE  
Address        C/O CAPSTONE ASSOCIATION  
                  MANAGEMENT  
                  8588 POTTER PARK DRIVE SUITE 500

City-State-Zip: SARASOTA FL 34238

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Title           PRESIDENT  
Name           HARTMAN, PAUL  
Address        C/O CAPSTONE ASSOCIATION  
                  MANAGEMENT  
                  8588 POTTER PARK DRIVE SUITE 500

Title           VP  
Name           GAZAILLE, RUTH ANN  
Address        C/O CAPSTONE ASSOCIATION  
                  MANAGEMENT  
                  8588 POTTER PARK DRIVE SUITE 500

City-State-Zip: SARASOTA FL 34238

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Title           DIRECTOR  
Name           KANE, MARILYN  
Address        C/O CAPSTONE ASSOCIATION  
                  MANAGEMENT  
                  8588 POTTER PARK DRIVE SUITE 500

City-State-Zip: SARASOTA FL 34238

*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:** PAUL HARTMAN

**PRESIDENT**

09/20/2023

