

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07964

**FILED
Apr 29, 2019
Secretary of State
4536393363CC**

Entity Name: LONGWOOD VILLAS OF SARASOTA HOMEOWNERS 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: 59-2653834

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

04/29/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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 KOPINSKI, JOHN
Address C/O GULF COAST COMMUNITY
 MANAGEMENT
 677 NORTH WASHINGTON BLVD
City-State-Zip: SARASOTA FL 34236

Title SECRETARY
Name VAN ARSDALL, LINDA
Address C/O GULF COAST COMMUNITY
 MANAGEMENT
 677 NORTH WASHINGTON BLVD
City-State-Zip: SARASOTA FL 34236

Title TREASURER
Name MIDYETT, LINDA
Address C/O GULF COAST COMMUNITY
 MANAGEMENT
 677 NORTH WASHINGTON BLVD
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: HOWARD FINKEL

PRESIDENT

04/29/2019

Electronic Signature of Signing Officer/Director Detail

Date