

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07964

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

**FILED**  
**Apr 21, 2014**  
**Secretary of State**  
**CC4369416317**

**Current Principal Place of Business:**

2477 STICKNEY POINT RD.  
SUITE 118A  
SARASOTA, FL 34231

**Current Mailing Address:**

2477 STICKNEY POINT RD.  
SUITE 118A  
SARASOTA, FL 34231 US

**FEI Number: 59-2653834**

**Certificate of Status Desired: No**

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

ARGUS PROPERTY MANAGEMENT INC.  
2477 STICKNEY POINT RD., SUITE 118A  
SARASOTA, FL 34231 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SECRETARY  
Name BILL, BELJEAN  
Address 4415 ASCOT CIR N.  
City-State-Zip: SARASOTA FL 34235

Title TRES  
Name PETITTO, VINCE  
Address 4444 ASCOT CIRCLE NORTH  
City-State-Zip: SARASOTA FL 34235

Title D  
Name RAGHAVENDRA, RAO  
Address 4792 TIVOLI AVE  
City-State-Zip: SARASOTA FL 34235

Title P  
Name WELLS, ANITA  
Address 4852 TIVOLI AVE  
City-State-Zip: SARASOTA FL 34235

Title VP  
Name COOK, BILL  
Address 4544 ASCOT CIRCLE SOUTH  
City-State-Zip: SARASOTA FL 34235

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: ANITA WELLS**

**PRESIDENT**

**04/21/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date