

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07964

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

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

**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