

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07964

Entity Name: LONGWOOD VILLAS OF SARASOTA HOMEOWNERS ASSOCIATION, INC.**FILED**
Mar 23, 2015
Secretary of State
CC0410262115**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	PRESIDENT
Name	FINKEL, HOWARD
Address	2477 STICKNEY POINT RD. SUITE 118A
City-State-Zip:	SARASOTA FL 34231

Title	TRES
Name	PERKINS, FRED
Address	2477 STICKNEY POINT RD. SUITE 118A
City-State-Zip:	SARASOTA FL 34231

Title	VP
Name	RAGHAVENDRA, RAO
Address	2477 STICKNEY POINT RD. SUITE 118A
City-State-Zip:	SARASOTA FL 34231

Title	SECRETARY
Name	WELLS, ANITA
Address	2477 STICKNEY POINT RD. SUITE 118A
City-State-Zip:	SARASOTA FL 34231

Title	DIRECTOR
Name	BELL, BRUCE
Address	2477 STICKNEY POINT RD. SUITE 118A
City-State-Zip:	SARASOTA FL 34231

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****03/23/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date