

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08597

**Entity Name:** LONGWOOD RUN SUBDIVISION ASSOCIATION, INC.

**Current Principal Place of Business:**

9040 TOWN CENTER PARKWAY  
SUITE 200  
LAKEWOOD RANCH, FL 34202

**Current Mailing Address:**

9040 TOWN CENTER PARKWAY  
SUITE 200  
LAKEWOOD RANCH, FL 34202 US

**FEI Number:** 59-2965934

**Certificate of Status Desired:** No

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

GULF COAST COMMUNITY MANAGEMENT  
9040 TOWN CENTER PARKWAY  
SUITE 200  
LAKEWOOD RANCH, FL 34202 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

06/04/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name SAMS, LAURIE  
Address 9040 TOWN CENTER PARKWAY  
SUITE 200  
City-State-Zip: LAKEWOOD RANCH FL 34202

Title PRESIDENT  
Name ZAHARAKIS, TOM  
Address 9040 TOWN CENTER PARKWAY  
SUITE 200  
City-State-Zip: LAKEWOOD RANCH FL 34202

Title SECRETARY  
Name LOWITT, SAUL  
Address 9040 TOWN CENTER PARKWAY  
SUITE 200  
City-State-Zip: LAKEWOOD RANCH FL 34202

Title DIRECTOR  
Name CRAMER, ASHLEY  
Address 9040 TOWN CENTER PARKWAY  
SUITE 200  
City-State-Zip: LAKEWOOD RANCH FL 34202

Title TREASURER  
Name BUDAGYAN, ELINA  
Address 9040 TOWN CENTER PARKWAY  
SUITE 200  
City-State-Zip: LAKEWOOD RANCH FL 34202

*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:** TOM ZAHARAKIS

PRESIDENT

06/04/2020

Electronic Signature of Signing Officer/Director Detail

Date