

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08597

Entity Name: LONGWOOD RUN SUBDIVISION ASSOCIATION, INC.

Current Principal Place of Business:

8588 POTTER PARK DR.
SUITE 500
SARASOTA, FL 34238

Current Mailing Address:

C/O CAPSTONE ASSOCIATION MANAGEMENT
8588 POTTER PARK DR. SUITE 500
SARASOTA, FL 34238 US

FEI Number: 59-2965934

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLEMENTS, DYLAN
C/O CAPSTONE ASSOCIATION MANAGEMENT
8588 POTTER PARK DR. SUITE 500
SARASOTA, FL 34238 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: DYLAN CLEMENTS

04/04/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MIKULSKI, ROBERT
Address C/O CAPSTONE ASSOCIATION
 MANAGEMENT
 8588 POTTER PARK DR. SUITE 500
City-State-Zip: SARASOTA FL 34238

Title TREASURER
Name BEHR, VIRGINIA
Address 8588 POTTER PARK DR.
 SUITE 500
City-State-Zip: SARASOTA FL 34238

Title VP
Name HATMAN, PAUL
Address 8588 POTTER PARK DR.
 SUITE 500
City-State-Zip: SARASOTA FL 34238

Title SECRETARY
Name HOWELL, EILEEN
Address 8588 POTTER PARK DR.
 SUITE 500
City-State-Zip: SARASOTA FL 34238

Title DIRECTOR
Name FRANKLIN, JANA
Address C/O CAPSTONE ASSOCIATION
 MANAGEMENT
 8588 POTTER PARK DR. SUITE 500
City-State-Zip: SARASOTA FL 34238

Title DIRECTOR
Name WERY, LOUIS
Address C/O CAPSTONE ASSOCIATION
 MANAGEMENT
 8588 POTTER PARK DR. SUITE 500
City-State-Zip: SARASOTA FL 34238

Title DIRECTOR
Name TOWNSEND, ROBERT
Address C/O CAPSTONE ASSOCIATION
 MANAGEMENT
 8588 POTTER PARK DR. SUITE 500
City-State-Zip: SARASOTA FL 34238

Title DIRECTOR
Name DOWNES, LES
Address C/O CAPSTONE ASSOCIATION
 MANAGEMENT
 8588 POTTER PARK DR. SUITE 500
City-State-Zip: SARASOTA FL 34238

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: ROBERT MIKULSKI

PRESIDENT

04/04/2024

Electronic Signature of Signing Officer/Director Detail

Date