2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 24, 2006 8:00 am Secretary of State **DOCUMENT # 743276** 1. Entity Name 04-24-2006 90425 045 ****61.25 LONGWATER CHASE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 2004 LONGMEADOW SARASOTA FL 34235 2004 LONGMEADOW SARASOTA FL 34235 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-1972652 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STOKES, REBECCA F Street Address (P.O. Box Number is Not Acceptable) 3053 51ST STREET SARASOTA FL 34234 Zip Code 8. 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. ! am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11. □ Delete TITLE Change Addition MCELROY, MARSHA NAME NAME 4533 LONGWATER CHASE STREET ADDRESS STREET ADDRESS SARASOTA FL 34235 CITY-ST-Z@ CITY-ST-ZIP Delete ☐ Change ☐ Addition THILE TITLE STEWART, VIRGINIA NAME NAME 3917 77TH TERR E STREET ADDRESS STREET ADDRESS SARASOTA FL 34232 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition FLINT, AUSTIN NAME NAME STREET ADDRESS 4543 LONGWATER CHASE STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34235 CITY-ST-ZIP ☐ Change Delete TITLE **X**XAddition TITLE Director John Mc⊡Laughlin BAUMANALAWRENCE NAME John McCadaga 4607 Longwater Chase 34235 STREET ADDRESS 4978 SWEET MEADOWICKSLEL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARAGQTAJFI, 34238_{*} TD TITLE Delete TITLE ☐ Change ☐ Addition PIZZO, JOHN NAME MAME 4611 LONGWATER CHASE STREET ADDRESS STREET ADDRESS SARASOTA FL 34235 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS

FILED

SIGNATURE: 1/Warms Stevart, Pres. 4/1/06 (941) 355-4880

CITY-ST-ZIP

I hereby certify that the supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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