

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90186 041 \*\*\*150.00

0475215

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F56767**

1. Corporation Name  
**LONGWOOD PROPERTIES OF SARASOTA, INC.**



Principal Place of Business  
 1741 MAIN STREET  
 SUITE 101  
 SARASOTA FL 34236  
 US

Mailing Address  
 1741 MAIN STREET  
 SUITE 101  
 SARASOTA FL 34236  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	12/02/1981	59-2150534	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23 City & State	28 City & State	<input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution	
24 Zip	29 Zip	30 Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25 Country	30 Country			

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VENABLE, JOSEPH P 1400 4TH AVE W. BRANDENTON FL 34205	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVOLTA, PIERO	1.2 NAME	
STREET ADDRESS	215 ROBIN DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVOLTA, RENZO	2.2 NAME	
STREET ADDRESS	215 ROBIN DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSSMAN, MARVIN J	3.2 NAME	
STREET ADDRESS	4580 ASCOT CIRCLE S.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34235	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VENABLE, JOSEPH P.	4.2 NAME	
STREET ADDRESS	1532 84 ST NW	4.3 STREET ADDRESS	1400 4TH AVE W
CITY-ST-ZIP	BRANDENTON FL	4.4 CITY-ST-ZIP	BRANDENTON FL 34205
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date: 4/27/99 (941) 954 0355

CR2E034 (11/98)