
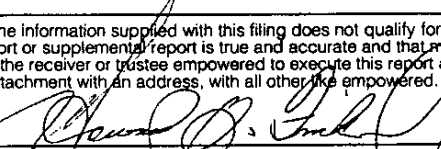


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90051 049 ****61.25

DOCUMENT # N07964 1. Entity Name LONGWOOD VILLAS OF SARASOTA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5041 RINGWOOD MEADOW SUITE 2 SARASOTA, FL 34235 US			Mailing Address 5041 RINGWOOD MEADOW SUITE 2 SARASOTA, FL 34235 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PAMI MANAGEMENT INC 5041 RINGWOOD MEADOW SUITE 2 SARASOTA, FL 34235				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD		TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELL, BRUCE <input type="checkbox"/> Delete		NAME	BELL, BRUCE	
STREET ADDRESS	4481 ASCOT CIRCLE N		STREET ADDRESS	4481 ASCOT CIR N.	
CITY-ST-ZIP	SARASOTA, FL 34235		CITY-ST-ZIP	SARASOTA, FL 34235	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUTZ, KAREN		NAME		
STREET ADDRESS	4510 ASCOT CIR. N		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34235		CITY-ST-ZIP		
TITLE	TD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RIVERS, KAREN		NAME	RIVERS, FRED	
STREET ADDRESS	4510 ASCOT CIR NORTH		STREET ADDRESS	4840 TIVOLI AVE	
CITY-ST-ZIP	SARASOTA, FL 34235		CITY-ST-ZIP	SARASOTA, FL 34235	
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FINKEL, HOWARD		NAME	FINKEL, HOWARD	
STREET ADDRESS	4869 TIVOLI LN		STREET ADDRESS	4809 TIVOLI LN.	
CITY-ST-ZIP	SARASOTA, FL 34235		CITY-ST-ZIP	SARASOTA, FL 34235	
TITLE	DV <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PERKINS, FRED		NAME	Wells, Anita	
STREET ADDRESS	4876 TIVOLI AVE.		STREET ADDRESS	4852 TIVOLI AVE	
CITY-ST-ZIP	SARASOTA, FL 34235		CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
SIGNATURE:  HOWARD G. FINKEL 4/27/07					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					