


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90016 001 ****61.25

DOCUMENT # N07964 1. Entity Name LONGWOOD VILLAS OF SARASOTA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2477 STICKNEY POINT RD. SUITE 118A SARASOTA, FL 34231 US			Mailing Address 2477 STICKNEY POINT RD. SUITE 118A SARASOTA, FL 34231 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-2653834				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04172008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent ARGUS PROPERTY MANAGEMENT INC. 2477 STICKNEY POINT RD., SUITE 118A SARASOTA, FL 34231			7. Name and Address of New Registered Agent 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, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	DV BELL, BRUCE 2477 STICKNEY POINT RD. SARASOTA, FL 34231 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir Bell, Bruce 5263 Tivoli Ave Sarasota, FL 34235 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUTZ, KAREN 2477 STICKNEY POINT RD. SARASOTA, FL 34231 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cliff, Jian VP 4797 Tivoli Place Sarasota, FL 34235 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIVERS, FRED 2477 STICKNEY POINT RD. SARASOTA, FL 34231 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas Rivers, Fred 4840 Tivoli Ave Sarasota, FL 34235 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD FINKEL, HOWARD 2477 STICKNEY POINT RD. SARASOTA, FL 34231 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Finkel, Howard 4867 Tivoli Lane Sarasota, FL 34235 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WELLS, ANITA 2477 STICKNEY POINT RD. SARASOTA, FL 34231 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Wells, Anita 4852 Tivoli Ave Sarasota, FL 34235 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 reports 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/23/08 (941) 927-6464 <small>Date Daytime Phone #</small>			