

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07964

FILED  
Apr 19, 2011  
Secretary of State

**Entity Name:** LONGWOOD VILLAS OF SARASOTA HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2477 STICKNEY POINT RD.  
SUITE 118A  
SARASOTA, FL 34231 US

**New Principal Place of Business:**

**Current Mailing Address:**

2477 STICKNEY POINT RD.  
SUITE 118A  
SARASOTA, FL 34231 US

**New Mailing Address:**

**FEI Number:** 59-2653834

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARGUS PROPERTY MANAGEMENT INC.  
2477 STICKNEY POINT RD., SUITE 118A  
SARASOTA, FL 34231 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: BELL, BRUCE  
Address: 5263 TIVOLI AVE  
City-St-Zip: SARASOTA, FL 34235 US

Title: P  
Name: FANZ, HERB  
Address: 4480 ASCOT CIRCLE SOUTH  
City-St-Zip: SARASOTA, FL 34235 US

Title: D  
Name: RAGHAVENDRA, RAO  
Address: 4792 TIVOLI AVE  
City-St-Zip: SARASOTA, FL 34235 US

Title: P  
Name: WELLS, ANITA  
Address: 4852 TIVOLI AVE  
City-St-Zip: SARASOTA, FL 34235 US

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: ANITA WELLS

P

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date