3-17-97 B-3169 NC FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

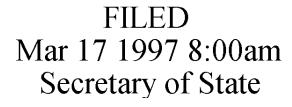
DOCUMENT #

(5)

LONG COMMON CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address





S037 RINGWOOD MEADOW SARASOTA FL 34235		5037 RINGWOOD MEADOW SARASOTA FL 34235-2035				
 - 					3. Date Incorporated or Qualified 06/21/1988	3a. Date of Last Report 02/09/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26	8		65-0070004	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for in	. ~
24	25	29]	30		Florida Statutes Yes No	
	9. Name and Address of Curren	it Hegistered Agent	81	Name	10. Name and Address of New Reg	listered Agent
			8	Ivame		i
	ow, Eugene C. / Long Common Ct.		82	82 Street Address (P.O. Box Number is Not Acceptable)		e)
SARAS	OTA FL 34235		63			
			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statute	es, the above	/e-named cor	poration submits this statement for the pution's board of directors. I hereby accep	
agent. I a	am familiar with, and accept the obliga	ations of, Section 617.0503, Flo	rida Statute	s.	more board or directors. I hereby accep	t the appointment as registered
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable (NOTE	: Registered Ag	ent signature requ	uired when reinstating)	DATE
12.	OFFICERS ANI	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	VP	DELETE	1.1 TITLE			Change Addition
NAME	EXLINE, ANNE		1.2 NAME			
STREET ADDRESS	••••		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	SARASOTA FL			ST-ZIP		
TITLE	DP	DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	· · · · · · · · · · · · · · · · · · ·		2.2 NAME			
STREET ADDRESS	5633 E LONG COMMON CT.		2.3 STREE	T ADDRESS		İ
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		
TITLE	STD	· · · · · · · · · · · · · · · · · · ·				Change Addition
NAME	BARSTOW, EUGENE C.		3.2 NAME			
STREET ADDRESS	5568 W LONG COMMON CT	•	3.3 STREE	T ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4. CITY-	ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	Ì		Change Addition
NAME	TONER, EDWARD		4. 2 NAME		ϵ_{ij}	
STREET ADDRESS	5614 W LONG COMMON		4.3 STREE	T ADDRESS		
CITY-ST-ZIP	SARASOTA FL		4.4 CITY	ST-ZIP		
TITLE	D	☐ DELETE	5 1 TITLE			☐ Change ☐ Addition
NAME	JOHNSON, ALAN		5.2 NAME			
STREET ADDRESS	4492 W. LONG COMMON		5.3 STREE	T ADDRESS		
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		:	☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	t address		
CITY-ST-ZIP			6.4 CITY-	ST - 7/P		

I do hereby certify that the information supplied with this filling 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 jequired by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.