

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N27055** (5)
1. Corporation Name
LONG COMMON CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 5037 RINGWOOD MEADOW SARASOTA FL 34235	Mailing Address 5037 RINGWOOD MEADOW SARASOTA FL 34235
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 06/21/1988
4. FEI Number 65-0070004
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent BARSTOW, EUGENE C. 5568 W LONG COMMON CT. SARASOTA FL 34235

10. Name and Address of New Registered Agent 81 Name Lewis E. Harrower 82 Street Address (P.O. Box Number Is Not Acceptable) 5633 E. Long Common Ct. 83 84 City Sarasota FL 85 Zip Code 34235

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
SIGNATURE *[Signature]* **Pres- Lewis E. Harrower** 1/31/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	VP <input type="checkbox"/> DELETE
NAME	EXLINE, ANNE
STREET ADDRESS	5675 LONG COMMON CIR.
CITY-ST-ZIP	SARASOTA FL
TITLE	DP <input type="checkbox"/> DELETE
NAME	HARROWER, LEWIS E, II
STREET ADDRESS	5633 E LONG COMMON CT.
CITY-ST-ZIP	SARASOTA FL
TITLE	STP <input type="checkbox"/> DELETE
NAME	BARSTOW, EUGENE C.
STREET ADDRESS	5568 W LONG COMMON CT.
CITY-ST-ZIP	SARASOTA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	TONER, EDWARD
STREET ADDRESS	5614 W LONG COMMON
CITY-ST-ZIP	SARASOTA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	JOHNSON, ALAN
STREET ADDRESS	4492 W. LONG COMMON
CITY-ST-ZIP	SARASOTA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Vice Pres / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Shirlianne Lytle
1.3 STREET ADDRESS	5649 E. Long Common Ct.
1.4 CITY-ST-ZIP	Sarasota, FL 34235
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Secretary/Treas/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jack Kearney
3.3 STREET ADDRESS	4533 Long Common Ct.
3.4 CITY-ST-ZIP	Sarasota, FL 34235
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* **President** **Lewis E. Harrower** 1/3/98 (941) 355-4302

CP2E037 (10/97)