1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N27055 1. Corporation Name

LONG COMMON CONDOMINIUM ASSOCIATION, INC.

FILED Mar 29, 1999 8:00 am § Secretary of State

03-29-1999 90022 002 ****61.25

Mail: Addison										
Principal Place of Business Mailing Address										
5037 RINGWOOD MEADOW SARASOTA FL 34235 5037 RINGWOOD MEADOW SARASOTA FL 34235										
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			3. Date Incorporated or Qualifed				
21		26				06/21/1988				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			-	4. FEI Number Applied For				
22		27			ļ	65-00700)04		No	t Applicable
City & State	3	City & State				5. Certifcate of	F Statue Doei	red 🗆	\$8.75	l l
23		28				J. Certificate of	- Status Desi		Fee Re	quired
Zip	Country	Zip Country				6. Election Campaign Financing \$5.00 May Be				
24	25	29 30				Trust Fund Contribution			Added to Fees	
	Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
-HAPROWER, LEWS					Address	F.Q. Box Num	nber-is Not A	Scaptable)	SMT /C	enc.
-6633 E-LONG COMM CT			L		7,	<u>840 </u>	JU	MILL	$\mathcal{U}^{\mathcal{U}}$	
SARASOTA Pt. 34235				83					()	
# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			84	City C	Sa	MUN	ptn	<u> </u>	FL 85 3	1235
the state of the purpose of changing its registered										
office or registered agent or both, in the State of Florida. State 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, Sedion 617 0503, Florida Statutes.										
agent. I arti ranning with land accept the opinions of, Sention of Apology Fronties statutes.								ļ		
SIGNATURE Signature (vibro or or spiritered eigent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND		13.			ADDITIONS/	CHANGES T	O OFFICE	RS AND DIRECTO	RS IN 12
TITLE	े प्रशा	· DELETE	1.1 TITLE		DT				Change	☐ Addition
NAME	LYTLE, SHIRLIANNE		1.2 NAME			17				ļ
STREET ADDRESS	-5649-E-LONG-COMMON-CT		1.3 STREE	T ADDRESS		Kay				į
CITY-ST-ZIP SARASOTA FL 34235			1.4 CITY-ST-ZIP		F	7 Long				
TITLE			2.1 TITLE	,, <u> </u>	i	asota, 1	'1 342	35	Change	☐ Addition
NAME	HARROWER-LEWIS E. II	PROMER LEMIS E II			DP					
	THE THE PARTY OF T		24 STREET ANDRESS F			Churt		_		ľ
STREET ADDRESS	SOO E LONG COMMON SEL		2. 4 CITY 5		Sar	3 Long asota,	FI 3	4235	_ ~ ~ ~ ~	[
CITY-ST-ZIP TITLE	Classes		3.1 TITLE	31-21			11. 0	1000	Change	Addition
NAME			3.2 NAME D'		DVP					ļ
	KEARNEY, JACK		3.3 STREET ADDRESS		ļ					
STREET ADDRESS	4533 LONG COMMON CT		3.4. CITY-ST-ZIP							1
CITY-ST-ZIP	(7) OF LETE		4.1 TITLE	SI-ZIP	DC				Change	Addition
TITLE	-TOMED COMMADO				DS	D-+h-			Q (_ "
NAME	TONER, EDWARD		4. 2 NAME	T ADDRESS		Pathe 2 Long	Commo	n		ļ
STREET ADDRESS	5614 W LONG COMMON		4.3 STREE	l		asota,				
CITY-ST-ZIP	SARASOTA-FL	DELETE	5.1 TITLE	11-211	Dai	asocay	11.	1000	☐ Change	☐ Addition
1	D ALAM	_ 000018	5.2 NAME	1						_
NAME	JUNINGUN, ALAN		1	T ADDRESS						.
STREET ADDRESS	4492 W. LONG COMMON		5.4 CITY-S							
CITY-ST-ZIP	SARASOTA FL	ASOTA FL 5450		,,,241	-				☐ Change	Addition
TITLE		- Deter	6.2 NAME							
NAME	•			TADDDESC						
STREET ADDRESS				TADDRESS						
CITY-ST-ZIP		11 - 61 - 1 - 12 - 6 - 11	6.4 CITY-S		1	440.07/21/0	Clasida Ota	hukaa I Sureb	er certify that the	nformation

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 informationated 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, with all other like empowered.

ACCONCATURE REQUIRED KENNETH H. KAY 3/25/99.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date