

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION  
ANNUAL REPORT  
1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 715425 (5)**

1. Corporation Name  
**LONGBOAT ARMS ASSOCIATION, INC.**



Principal Place of Business: **% CLIFF LAMOREAUX & ASSOC., INC. 2414 26TH STREET, WEST BRADENTON FL 34205**  
Mailing Address: **% CLIFF LAMOREAUX & ASSOC., INC. 2414 26TH STREET, WEST BRADENTON FL 34205**

3. Date Incorporated or Qualified: **10/17/1968**  
3a. Date of Last Report: **04/24/1995**

2. Principal Place of Business: **3330 Gulf of Mexico Dr.**  
2a. Mailing Address: **3330 Gulf of Mexico Dr.**

4. FEI Number: **59-1417083**  
Applied For:  Not Applicable

22. Suite, Apt. #, etc.: **203D**  
27. Suite, Apt. #, etc.: **203D**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

23. City & State: **Longboat Key, FL**  
28. City & State: **Longboat Key, FL**

6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**

24. Zip: **34208-2820** 25. Country: **US**  
29. Zip: **34208-2820** 30. Country: **US**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent:  
**CLIFF LAMOREAUX & ASSOCIATES, INC. 2414 26TH STREET, WEST BRADENTON FL 34205**

10. Name and Address of New Registered Agent:  
81. Name: **Richard Lochner**  
82. Street Address (P.O. Box Number is Not Acceptable): **3330 Gulf of Mexico Dr.**  
83. **203D**  
84. City: **Longboat Key** 85. Zip Code: **FL 34228**

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: **Richard Lochner, Inc. Treasurer** 1-25-96  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	EAGLETON, JOHN R.	
STREET ADDRESS	3300 GULF MEXICO DR 302C	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	VD	<input type="checkbox"/>
NAME	BUSHMAN, DORIS	
STREET ADDRESS	3300 GULF MEXICO DR 203C	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	DT	<input type="checkbox"/>
NAME	LOCHNER, RICHARD	
STREET ADDRESS	3330 GULF OF MEXICO DR #203D	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	REINERT, IRENE	
STREET ADDRESS	3330 GULF OF MEXICO DR	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	SD	<input type="checkbox"/>
NAME	CAGEORGE, MARY	
STREET ADDRESS	3300 GULF MEXICO DR 107C	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Timor Paul		
4.3 STREET ADDRESS	3320 Gulf of Mexico Drive 201D		
4.4 CITY-ST-ZIP	Longboat Key FL 34228		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Richard Lochner** Richard Lochner 1-25-96 387 9985  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CF2E037 (12/95)