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Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
LONGBOAT ARMS ASSOCIATION, INC.
3330 GULF OF MEXICO DR #203-D
LONGBOAT KEY FL 34228-2820
LONGBOAT ARMS ASSOCIATION, INC.
3330 GULF OF MEXICO DR #203-D
LONGBOAT KEY FL 34228-2842

3. Date Incorporated or Qualified 10/17/1968
3a. Date of Last Report 03/21/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1417083 Applied For Not Applicable
22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.
23. City & State 28. City & State
24. Zip Country 29. Zip Country 30. City
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
LOCHNER, RICHARD
LONGBOAT ARMS ASSOCIATION, INC.
3330 GULF OF MEXICO DR #203-D
LONGBOAT KEY FL 34228-2820
10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 85. Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Table with 2 columns: OFFICERS AND DIRECTORS, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include PD EAGLETON, JOHN R.; VD BUSHMAN, DORIS; DT LOCHNER, RICHARD; D TIMOR, PAUL; SD CAGEORGE, MARY.

14. I do 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: Richard Lochner Treasurer 941 387 9985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0062863

CR2E037 (9/96)