

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **715425** (5)

1. Corporation Name

**LONGBOAT ARMS ASSOCIATION, INC.**

O.K. Pay



Principal Place of Business *OK* Mailing Address *OK*  
**LONGBOAT ARMS ASSOCIATION, INC.**  
**3330 GULF OF MEXICO DR #203-D**  
**LONGBOAT KEY FL 34228-2820**

3. Date Incorporated or Qualified

**10/17/1968**

4. FEI Number

**59-1417083**

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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)

**5620 Gulf of Mexico Dr., Suite 6**

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

*Richard Lochner*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	EAGLETON, JOHN R.	
STREET ADDRESS	3300 GULF MEXICO DR 302C	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BUSHMAN, DORIS	
STREET ADDRESS	3300 GULF MEXICO DR 203C	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	LOCHNER, RICHARD	
STREET ADDRESS	3330 GULF OF MEXICO DR #203D	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TIMOR, PAUL	
STREET ADDRESS	3330 GULF OF MEXICO DR #201D	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CAGEORGE, MARY	
STREET ADDRESS	3300 GULF MEXICO DR 107C	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Richard Lochner	
1.3 STREET ADDRESS	3330 Gulf of Mexico Dr. 703D	
1.4 CITY-ST-ZIP	Longboat Key, FL 34228	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mary Neill	
2.3 STREET ADDRESS	3330 Gulf of Mexico Dr 203D	
2.4 CITY-ST-ZIP	Longboat Key, FL 34228	
3.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Nancy Cabot	
3.3 STREET ADDRESS	3320 Gulf of Mexico Dr. 206C	
3.4 CITY-ST-ZIP	Longboat Key, FL 34228	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mary Cageorge	
4.3 STREET ADDRESS	3320 Gulf of Mexico Dr. 107C	
4.4 CITY-ST-ZIP	Longboat Key, FL 34228	
5.1 TITLE	ADD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Elva Roberts	
5.3 STREET ADDRESS	3320 Gulf of Mexico Dr. 304C	
5.4 CITY-ST-ZIP	Longboat Key, FL 34228	
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.

SIGNATURE: *Richard Lochner* *Richard Lochner* 5.4.98 387 998.5

CR2E037 (10/97)