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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 715425

1. Corporation Name
LONGBOAT ARMS ASSOCIATION, INC.

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

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/17/1968	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. - FEI Number	
22		27		59-1417083	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30 \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LONGBOAT ARMS ASSOC. INC 5620 GULF OF MEXICO DR #6 LONGBOAT KEY FL 34228-2820				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY NEILL	1.2 NAME	Mary Neill
STREET ADDRESS	3330 GULF OF MEXICO DR #203D	1.3 STREET ADDRESS	3330 Gulf of Mexico Dr. #203 D
CITY-ST-ZIP	LONGBOAT KEY FL 34228	1.4 CITY-ST-ZIP	LONGBOAT Key, FL 34228
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY CADOT	2.2 NAME	Nancy Cadot
STREET ADDRESS	3328 GULF OF MEXICO DR #206C	2.3 STREET ADDRESS	3328 Gulf of Mexico Dr. #206C
CITY-ST-ZIP	LONGBOAT KEY FL 34228	2.4 CITY-ST-ZIP	Longboat Key, FL 34228
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCHNER, RICHARD	3.2 NAME	
STREET ADDRESS	3330 GULF OF MEXICO DR #203D	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY CAGEORGE	4.2 NAME	Jack Eagleton
STREET ADDRESS	3320 GULF OF MEXICO DR #107C	4.3 STREET ADDRESS	3320 Gulf of Mexico Dr. #C302
CITY-ST-ZIP	LONGBOAT KEY FL 34228	4.4 CITY-ST-ZIP	Longboat Key, FL 34228
TITLE	AD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELVA ROBERTS	5.2 NAME	
STREET ADDRESS	3320 GULF OF MEXICO DR #304C	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: _____ DATE: 2-15-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)