

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91249 001 \*\*\*\*61.25

**DOCUMENT # 715425**

1. Entity 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

**94083403**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04102004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
59-1417083

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LONGBOAT ARMS ASSOC. INC  
5620 GULF OF MEXICO DR #6  
LONGBOAT KEY, FL 34228-2820

Name

Beth Callans Management

Street Address (P.O. Box Number is Not Acceptable)

595 Bay Isles Rd #200

City

Longboat Key

FL

Zip Code

34228

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☒ Delete  
NAME MARY NEILL  
STREET ADDRESS 3330 GULF OF MEXICO DR #203D  
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME NANCY CADOT  
STREET ADDRESS 3328 GULF OF MEXICO DR #206C  
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME LOCHNER, RICHARD  
STREET ADDRESS 3330 GULF OF MEXICO DR #203D  
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME BRILL, JACK  
STREET ADDRESS 3330 GULF OF MEXICO DR. # 506  
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME BRUNCH, JOANN  
STREET ADDRESS 3330 GULF OF MEXICO DR. D101  
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME *Terry Mullins*  
STREET ADDRESS *3330 Gulf Mexico Dr 101D*  
CITY-ST-ZIP *Longboat Key, FL 34228*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other life empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #