


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90261 004 \*\*\*\*61.25

**DOCUMENT # 715425**  
 1. Entity Name  
**LONGBOAT ARMS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**LONGBOAT ARMS ASSOCIATION, INC.**      **575 BAY ISLES RD. #200**  
**3330 GULF OF MEXICO DR #203-D**      **LONGBOAT KEY, FL 34228**  
**LONGBOAT KEY, FL 34228-2820**



04052005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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  
**BETH CALLANS MANAGEMENT**  
**575 BAY ISLES RD. #200**  
**LONGBOAT KEY, FL 34228**

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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. *N/A*

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

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	VPD
NAME	NANCY CADOT
STREET ADDRESS	3328 GULF OF MEXICO DR #206C
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	PD
NAME	LOCHNER, RICHARD
STREET ADDRESS	3330 GULF OF MEXICO DR #203D
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	T
NAME	BRILL, JACK
STREET ADDRESS	3330 GULF OF MEXICO DR. # 506
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	SD
NAME	BRUNCH, JOANN
STREET ADDRESS	3330 GULF OF MEXICO DR. D101
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	D
NAME	MULLINS, JERRY
STREET ADDRESS	3330 GULF MEXICO DR., 106D
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 like empowered.

**SIGNATURE:** *[Signature]* **4.14.05** *9042879825*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #