

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90019 020 \*\*\*\*61.25

<b>DOCUMENT # 715425</b> 1. Entity Name <b>LONGBOAT ARMS ASSOCIATION, INC.</b>					
Principal Place of Business <b>LONGBOAT ARMS ASSOCIATION, INC.</b> <b>3330 GULF OF MEXICO DR #203-D</b> <b>LONGBOAT KEY, FL 34228-2820</b>			Mailing Address <b>575 BAY ISLES RD. #200</b> <b>LONGBOAT KEY, FL 34228</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1417083</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BETH CALLANS MANAGEMENT</b> <b>575 BAY ISLES RD. #200</b> <b>LONGBOAT KEY, FL 34228</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NANCY CADOT 3328 GULF OF MEXICO DR #206C LONGBOAT KEY, FL 34228	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SUSAN HALL WURTH 3330 GULF OF MEXICO DR C303 LONG BOAT KEY FL 34228	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOCHNER, RICHARD 3330 GULF OF MEXICO DR #203D LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LOU WEXLER 3220 GULF OF MEXICO DRIVE C201 LONG BOAT KEY FL 34228	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUNLAP, RONALD 3320 GULF OF MEXICO DR C301 LONGBOAT KEY, FL 34228	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NANCY CADOT 3228 GULF OF MEXICO DR #206C LONG BOAT KEY FL 34228	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRUCH, JOANN 3330 GULF OF MEXICO DR. D101 LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JUANE BRUCH 3330 GULF OF MEXICO DR # D101 LONG BOAT KEY FL 34228	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLINS, JERRY 3330 GULF MEXICO DR., 106D LONGBOAT KEY, FL 34228	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <b>STEVE SPARKS LCAM 2/22/08 941-387-3443</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					