

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$185 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$290)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED AND FILED**

95 JUL -3 AM 9:14

SECRETARIAT OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 716009 (6)**  
1. Corporation Name  
**LONGBOAT KEY TOWERS ASSOCIATION, INC.**

Principal Place of Business Making Address  
**601-603 LONGBOAT CLUB ROAD LONGBOAT KEY FL 34228**

DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 3. Date incorporated or Qualified<br><b>02/07/1969</b>   | 3a. Date of Last Report<br><b>08/01/1994</b>           |
| 4. FEI Number<br><b>59-1311340</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$0.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>                     |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>   | <b>FILING FEE IS \$61.25</b>                           |
| 8. This corporation has liability for relationship tax under s. 100.002, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |                                  |
|---|----------------------------------|
| 2. Principal Place of Business<br><b>21</b> | 2a. Making Address<br><b>20</b>  |
| Suite, Apt. #, etc.<br><b>22</b>            | Suite, Apt. #, etc.<br><b>27</b> |
| City & State<br><b>23</b>                   | City & State<br><b>28</b>        |
| Zip<br><b>24</b>                            | Country<br><b>29</b>             |
| Country<br><b>25</b>                        | Zip<br><b>30</b>                 |

9. Name and Address of Current Registered Agent  
**FAULHABER, ALBERT J.  
601 LONGBOAT CLUB RD  
LONGBOAT KEY FL 34228**

10. Name and Address of New Registered Agent  
**81 Name: SEIGLE, SAUL  
82 Street Address (P.O. Box Number is Not Acceptable): 603 LONGBOAT CLUB ROAD  
83 APT. #501-N  
84 City: LONGBOAT KEY, FL 85 Zip Code: 34228**

11. Pursuant to the provisions of Sections 617.05(2) and 617.05(3), Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, as 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 hereby withdrawing and accept the obligations of Section 617.05(3), Florida Statutes.

SIGNATURE: *Saul Seigle* **SAUL SEIGLE, PRESIDENT** 6/21/95

| 12. OFFICERS AND DIRECTORS             |                                       | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS |  |
|--|---------------------------------------|--|--|
| 1. TITLE: VPD                          | NAME: SEIGLE, SAUL                    | 11. TITLE: PRES                                  | NAME: SEIGLE, SAUL                       |
| STREET ADDRESS: 603 LONGBOAT CLUB RD   | CITY, ST, ZIP: LONGBOAT KEY, FL 00000 | 12. NAME: SEIGLE, SAUL                           | 13. STREET ADDRESS: 603 LONGBOAT CLUB RD |
|  |                                       | 14. CITY, ST, ZIP: LONGBOAT KEY, FL 34228        |  |
| 1. TITLE: D                            | NAME: SOLMSON, HARRY B.               | 21. TITLE: TREAS.                                | NAME: SOLMSON, HARRY B.                  |
| STREET ADDRESS: 603 LONGBOAT CLUB RD   | CITY, ST, ZIP: LONGBOAT KEY, FL 00000 | 22. NAME: SOLMSON, HARRY B.                      | 23. STREET ADDRESS: 603 LONGBOAT CLUB RD |
|  |                                       | 24. CITY, ST, ZIP: LONGBOAT KEY, FL 34228        |  |
| 1. TITLE: D                            | NAME: CONNOR, MARJORIE                | 31. TITLE: D                                     | NAME: MAY, HAROLD                        |
| STREET ADDRESS: 601 LONGBOAT CLUB RD   | CITY, ST, ZIP: LONGBOAT KEY, FL 00000 | 32. NAME: MAY, HAROLD                            | 33. STREET ADDRESS: 601 LONGBOAT CLUB RD |
|  |                                       | 34. CITY, ST, ZIP: LONGBOAT KEY, FL 34228        |  |
| 1. TITLE: V                            | NAME: JOUTRAS, RICHARD                | 41. TITLE: D                                     | NAME: GLOSSER, RITA                      |
| STREET ADDRESS: 603 LONGBOAT CLUB ROAD | CITY, ST, ZIP: LONGBOAT KEY, FL 00000 | 42. NAME: GLOSSER, RITA                          | 43. STREET ADDRESS: 601 LONGBOAT CLUB RD |
|  |                                       | 44. CITY, ST, ZIP: LONGBOAT KEY, FL 34228        |  |
| 1. TITLE: D                            | NAME: WEISS, DR HARRY                 | 51. TITLE: D                                     | NAME: KENT, RALPH E.                     |
| STREET ADDRESS: 603 LONGBOAT CLUB ROAD | CITY, ST, ZIP: LONGBOAT KEY, FL 00000 | 52. NAME: KENT, RALPH E.                         | 53. STREET ADDRESS: 603 LONGBOAT CLUB RD |
|  |                                       | 54. CITY, ST, ZIP: LONGBOAT KEY, FL 34228        |  |
| 1. TITLE: S                            | NAME: LEVITES, DOROTHY                | 61. TITLE:                                       | NAME:                                    |
| STREET ADDRESS: 601 LONGBOAT CLUB RD   | CITY, ST, ZIP: LONGBOAT KEY, FL 00000 | 62. NAME:  | 63. STREET ADDRESS:                      |
|  |                                       | 64. CITY, ST, ZIP:                               |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or transferee of ownership of this report as prepared by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Saul Seigle* **SAUL SEIGLE, PRES.** 6/21/95 (94) 383-8110

CR2E037 (3/95)