

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 716009 (6)

1. Corporation Name
LONGBOAT KEY TOWERS ASSOCIATION, INC.



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

3. Date Incorporated or Qualified **02/07/1969** 3a. Date of Last Report **07/03/1995**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number **59-1311340** Applied For Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**SEIGLE, SAUL
 603 LONGBOAT CLUB ROAD
 APT. #501-N
 LONGBOAT KEY FL 34228**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS DELETE

TITLE	P	<input type="checkbox"/> DELETE
NAME	SEIGLE, SAUL	
STREET ADDRESS	603 LONGBOAT CLUB ROAD	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SOLMSON, HARRY B	
STREET ADDRESS	603 LONGBOAT CLUB ROAD	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAY, HAROLD	
STREET ADDRESS	601 LONGBOAT CLUB ROAD	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JOUTRAS, RICHARD	
STREET ADDRESS	603 LONGBOAT CLUB ROAD	
CITY-ST-ZIP	LONGBOAT KEY, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEISS, DR HARRY	
STREET ADDRESS	603 LONGBOAT CLUB ROAD	
CITY-ST-ZIP	LONGBOAT KEY, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LEVITES, DOROTHY	
STREET ADDRESS	601 LONGBOAT CLUB RD	
CITY-ST-ZIP	LONGBOAT KEY, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROSE, EDWIN D.	
2.3 STREET ADDRESS	601 LONGBOAT CLUB ROAD	
2.4 CITY-ST-ZIP	LONGBOAT KEY, FL 34228	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	ASST T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	KENT, RALPH E.	
5.3 STREET ADDRESS	603 LONGBOAT CLUB ROAD	
5.4 CITY-ST-ZIP	LONGBOAT KEY, FL 34228	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE	D	
6.2 NAME	CONNOR, MARJORIE	
6.3 STREET ADDRESS	601 LONGBOAT CLUB ROAD	
6.4 CITY-ST-ZIP	LONGBOAT KEY, FL 34228	

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 119.07(3)(k), 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.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E037 (3/96)