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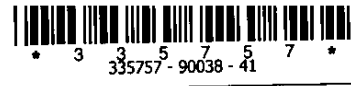
NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 716009

1. Corporation Name
LONGBOAT KEY TOWERS ASSOCIATION, INC.



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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/07/1969	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1311340	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/>	
24	25	29	30	\$5.00 May Be Added to Fees	

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEIGLE, SAUL	1.2 NAME	
STREET ADDRESS	603 LONGBOAT CLUB ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, EDWIN D	2.2 NAME	ROSE, EDWIN D
STREET ADDRESS	601 LONGBOAT CLUB RD	2.3 STREET ADDRESS	601 LONGBOAT CLUB ROAD
CITY-ST-ZIP	LONGBOAT KEY FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAY, HAROLD	3.2 NAME	RUBENSTEIN, PAUL B.
STREET ADDRESS	601 LONGBOAT CLUB ROAD	3.3 STREET ADDRESS	601 LONGBOAT CLUB ROAD
CITY-ST-ZIP	LONGBOAT KEY FL	3.4 CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOUTRAS, RICHARD	4.2 NAME	GLASSBERG, SONYA
STREET ADDRESS	603 LONGBOAT CLUB ROAD	4.3 STREET ADDRESS	601 LONGBOAT CLUB ROAD
CITY-ST-ZIP	LONGBOAT KEY, FL 00000	4.4 CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	AT <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	KENT, RALPH E	5.2 NAME	
STREET ADDRESS	603 LONGBOAT CLUB RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVITES, DOROTHY	6.2 NAME	LEVITES, DOROTHY
STREET ADDRESS	601 LONGBOAT CLUB RD	6.3 STREET ADDRESS	601 LONGBOAT CLUB ROAD
CITY-ST-ZIP	LONGBOAT KEY, FL 00000	6.4 CITY-ST-ZIP	LONGBOAT KEY, FL 34228

14. 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 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, with all other like empowered.

SIGNATURE: Saul Seigle SAUL SEIGLE 4/06/99 (941) 383-8110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)