


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

**FILED**  
**Jan 07, 2005 8:00 am**  
**Secretary of State**

01-07-2005 90004 036 \*\*\*\*61.25

**DOCUMENT # 716009**

1. Entity 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

**50000465**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01042005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-1311340**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**LOWTHER, CARMAN L**  
**603 LONGBOAT CLUB ROAD**  
**APT. #501-N**  
**LONGBOAT KEY, FL 34228**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL 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 *[Signature]* DATE **12/4/04**

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

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

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D John Elsbrock 8054 Starting Gate Ln. Cincinnati, Ohio 45249	
NAME	JOUTRAS, RICHARD L		NAME	Lou Clemente		5 The High Road Bronxville, NY 10708	
STREET ADDRESS	603 LONGBOAT CLUB ROAD		STREET ADDRESS	43 QUARWANATUCK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	JOHN PILESKI QUOGUE NY 11959	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP	3001 Fox Glen Court	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	St Charles, IL 60174	
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	P Morton Sachs 1346 South Third St. Louisville, KY 40208	
NAME	ZILEWICZ, JOSEPH DR.		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	601 LONGBOAT CLUB RD		STREET ADDRESS				
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP				
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE				
NAME	LICHTER, EVIE		NAME				
STREET ADDRESS	603 LONGBOAT CLUB ROAD #401-N		STREET ADDRESS				
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE				
NAME	JOUTRAS, RICHARD		NAME				
STREET ADDRESS	603 LONGBOAT CLUB ROAD		STREET ADDRESS				
CITY-ST-ZIP	LONGBOAT KEY, FL 00000		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE				
NAME	CHEN, FREDERICK		NAME				
STREET ADDRESS	603 LONGBOAT CLUB RD		STREET ADDRESS				
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE				
NAME	FERRANTE, ARTHUR		NAME				
STREET ADDRESS	601 LONGBOAT CLUB ROAD NPH		STREET ADDRESS				
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP				

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]* **JOSEPH R. ZILEWICZ** Sec. 1-4-04 333-8110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #