

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716009

FILED
Apr 08, 2009
Secretary of State

Entity Name: LONGBOAT KEY TOWERS ASSOCIATION, INC.

Current Principal Place of Business:

601-603 LONGBOAT CLUB ROAD
LONGBOAT KEY, FL 34228

New Principal Place of Business:

Current Mailing Address:

601-603 LONGBOAT CLUB ROAD
LONGBOAT KEY, FL 34228

New Mailing Address:

FEI Number: 59-1311340 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWTHER, CARMAN L
603 LONGBOAT CLUB ROAD
LONGBOAT KEY, FL 34228 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GREENE, ROSS
Address: 256 SMOKERISE TRACE
City-St-Zip: PEACHTREE CITY, GA 30269

Title: D () Delete
Name: ZILEWICZ, JOSEPH DR.
Address: 601 LONGBOAT CLUB RD, UNIT 303-S
City-St-Zip: LONGBOAT KEY, FL 34228

Title: T () Delete
Name: WILHELM, ALEXANDER
Address: P.O. BOX 9947
City-St-Zip: LONGBOAT KEY, FL 34228

Title: V () Delete
Name: SNYDER, DAVID
Address: 6785 KNOLLWOOD CIR. E.
City-St-Zip: WEST BLOOMFIELD, MI 48322

Title: S () Delete
Name: JUDD, DON
Address: 603 LONGBOAT CLUB ROAD, UNIT 903N
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: KRAUSE, BEN
Address: 181 EAST 65TH STREET
City-St-Zip: NEW YORK, NY 10065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HOROWITZ, BARBARA
Address: 237 W. MONTGOMERY AVE. #3L
City-St-Zip: HAVERFORD, PA 19041

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: KRAUSE, BEN
Address: 181 EAST 65TH STREET
City-St-Zip: NEW YORK, NY 10065

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON JUDD

_____ Electronic Signature of Signing Officer or Director

S

04/08/2009

_____ Date