

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90068 027 \*\*\*\*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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-1311340</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>SEIGLE, SAUL</b> <b>603 LONGBOAT CLUB ROAD</b> <b>APT. #501-N</b> <b>LONGBOAT KEY FL 34228</b>				Name <b>RICHARD L. JOUTRAS</b>			
				Street Address (P.O. Box Number is Not Acceptable) <b>603 LONGBOAT CLUB RD.</b>			
				APT. 1001-N			
				City <b>LONGBOAT KEY, FL 34228</b>		FL	

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]* **RICHARD L. JOUTRAS**

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

**FILE NOW: FEE IS \$61.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SEIGLE, SAUL</b> <b>603 LONGBOAT CLUB ROAD</b> <b>LONGBOAT KEY FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>RICHARD L. JOUTRAS</b> <b>603 LONGBOAT CLUB RD.</b> <b>LONGBOAT KEY, FL. 34228</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROSE, EDWIN D</b> <b>601 LONGBOAT CLUB RD.</b> <b>LONGBOAT KEY FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V. PRESIDENT</b> <b>KENNETH HECKEN</b> <b>603 LONGBOAT CLUB RD.</b> <b>LONGBOAT KEY, FL 34228</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HECKEN, KENNETH</b> <b>603 LONGBOAT CLUB ROAD #401-N</b> <b>LONGBOAT KEY FL 34228</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>EVIE LICHTER</b> <b>603 LONGBOAT CLUB RD.</b> <b>LONGBOAT KEY, FL 34228</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>JOUTRAS, RICHARD</b> <b>603 LONGBOAT CLUB ROAD</b> <b>LONGBOAT KEY, FL 00000</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>DR. JOSEPH ZILEWICZ</b> <b>601 LONGBOAT CLUB RD.</b> <b>LONGBOAT KEY, FL 34228</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CHEN, FREDERICK</b> <b>603 LONGBOAT CLUB RD</b> <b>LONGBOAT KEY FL 34228</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>JOHN T. ELSBROCK</b> <b>603 LONGBOAT CLUB RD.</b> <b>LONGBOAT KEY, FL 34228</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FERRANTE, ARTHUR</b> <b>601 LONGBOAT CLUB ROAD NPH</b> <b>LONGBOAT KEY FL 34228</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>MORTON SACHS</b> <b>603 LONGBOAT CLUB RD.</b> <b>LONGBOAT KEY, FL 34228</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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]* **RICHARD L. JOUTRAS** 4/15/03 (941) 383-8110

CR2E037 (10/02)