

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 717126 (7)

1. Corporation Name

LONGBOAT BEACHCOMBER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2721 GULF OF MEXICO DR
LONGBOAT KEY FL 34228-3110

2721 GULF OF MEXICO DR
LONGBOAT KEY FL 34228-3110

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/10/1969

3a. Date of Last Report

02/29/1996

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

4. FEI Number

59-1350264

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TENNISON, JANET R.
2721 GULF OF MEXICO DR
LONGBOAT KEY, FL
34228

81 Name

Clyde Miller

82 Street Address (P.O. Box Number is Not Acceptable)

2721 Gulf of Mexico Dr.

83

Longboat Key

84 City

FL

85 Zip Code

34228

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

Clyde Miller
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/18/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME WAKEFIELD, ROBERT M.
STREET ADDRESS 1811 S 24TH ST, UNIT TT
CITY-ST-ZIP QUINCY IL ☐ DELETE

TITLE VD
NAME PANZERA, DAVID
STREET ADDRESS 309 W. RIDGE RD.
CITY-ST-ZIP JOLIET IL ☐ DELETE

TITLE SD
NAME KOMNICK, JAMES
STREET ADDRESS 1307 CROWN CT.
CITY-ST-ZIP BLOOMINGTON IL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Robert M. Wakefield
Signature, typed or printed name of registered agent and title if applicable

Robert M. Wakefield

7-21-97

217/223-2005

CR2E037 (4/97)