

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90240 042 ****61.25

DOCUMENT # 717126

1. Entity Name
**LONGBOAT BEACHCOMBER CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**2721 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228-3110**

Mailing Address
**2721 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228-3110**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1350264

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ERICKSON, DANIEL
2721 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228**

Name
Clyde Miller

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

2721 Gulf of Mexico Dr.

City

Longboat Key

FL

Zip Code
34228

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

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

Clyde Miller, Co-Manager

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/04

**Filing Fee is \$61.25
Due by May 1, 2004**

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 **DP** ☐ Delete
NAME **WAKEFIELD, ROBERT M.**
STREET ADDRESS **2804 24TH ST #8**
CITY-ST-ZIP **ROCK ISLAND, IL 61201**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Robert M. Wakefield, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert M. Wakefield

April 27, 2004

Date

Daytime Phone #