


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # 717126 1. Entity Name LONGBOAT BEACHCOMBER CONDOMINIUM ASSOCIATION, INC.	
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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
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01132007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1350264	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  MILLER, CLYDE 2721 GULF OF MEXICO DR. LONGBOAT KEY, FL 34228
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WAKEFIELD, ROBERT M. 2804 24TH ST #8 ROCK ISLAND, IL 61201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PANZERA, DAVID 309 W. RIDGE RD. JOLIET, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUTHOFF, RONALD 502 GRANDVIEW DR NORMAL, IL 61781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000660414  
 03/19/07-80024-025 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Ronald R. Guthoff RONALD R. GUTHOFF 22807 309-662-4356  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #