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STATE
FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 723060

1. Corporation Name
LONGBOAT HARBOUR OWNERS ASSOCIATION INC.

546997 - 90014 - 10

Principal Place of Business	Mailing Address
4454 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228	4454 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 03/31/1972 4. FEI Number 59-1390793 ☐ 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. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BECKER, POLIAKOFF & STREITFELD, P.A. 630 S. ORANGE AVENUE, THIRD FLOOR P.O. BOX 49675 SARASOTA FL 34230-6675	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1504, 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 _____ DATE: Required if signature required above. DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LENOBEL, HAROLD 4330 FALMOUTH DR LONGBOAT KEY FL ☐ DELETE	13.1 TITLE / 13.2 NAME / 13.3 STREET ADDRESS / 13.4 CITY-ST-ZIP	VD BOB TWYMAN 4330 PALMOUTH DR LONGBOAT KEY FL 34228 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HULYK, BARBARA 4350 CHATHAM DR LONGBOAT KEY FL ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SD MANNY KURZBERG 4410 EXETER DR LONGBOAT KEY, FL 34228 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ATLAS, GIBRLEY 4440 EXECUTIVE DR LONGBOAT KEY FL 34228 ☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TD PAT YOUNG 4360 CHATHAM DR LONGBOAT KEY FL 34228 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD OSBORNE, ELEANOR 4320 FALMOUTH DRIVE LONGBOAT KEY FL ☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D PAT YOUNG 4360 CHATHAM LONGBOAT KEY FL 34228 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D BOB TWYMAN 4330 PALMOUTH LONGBOAT KEY FL 34228 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D MANNY KURZBERG 4410 EXETER DR LONGBOAT KEY FL 34228 ☐ Change ☒ Addition

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED BURT GOLDKNITT 4/22/99 941-383-0366
Barbara R. Hulyk President (BARBARA R. HULYK) 4-5-99 941-383-6158

9/99