

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 723799 (3)

1. Corporation Name

CLUB LONGBOAT BEACH AND TENNIS CONDOMINIUM ASSOCIATION, INC.

95 FEB 13 PM 12: 08

Principal Place of Business

Mailing Address

5055 GULF OF MEXICO DR
LONGBOAT KEY FL 34228

5055 GULF OF MEXICO DR
LONGBOAT KEY FL 34228

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/30/1972 3a. Date of Last Report 04/14/1994

4. FBI Number 59-1431423 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAVENDER, LINK
5055 GULF OF MEXICO DR
LONGBOAT KEY FL 34228

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reconstituting)

DATE

1/31/95

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S
NAME	LEWIS, NORMAN
STREET ADDRESS	1335 N. ASTOR ST
CITY-ST-ZIP	CHICAGO FL
TITLE	VP
NAME	FINDER, ALAN
STREET ADDRESS	5055 GULF OF MEXICO DRIVE #311
CITY-ST-ZIP	LONGBOAT KEY FL
TITLE	D
NAME	NELSON, ALICE
STREET ADDRESS	1110 E. CLUB LANE NE
CITY-ST-ZIP	ATLANTA GA
TITLE	D
NAME	CHURCHILL, TOM
STREET ADDRESS	P.O. BOX 377 N/A
CITY-ST-ZIP	MANONET MA
TITLE	D
NAME	SHIFRA, CALLEN
STREET ADDRESS	13 E. LAKE ST.
CITY-ST-ZIP	NORTHLAKE IL 60164
TITLE	D
NAME	HELTZER, GAIL
STREET ADDRESS	803 SHERIDAN RD
CITY-ST-ZIP	HIGHLAND PARK IL

1.1 TITLE	(P) DR. & MRS. REINER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	5104 POE AVENUE	
1.3 STREET ADDRESS	TAMPA, FL. 33629	
1.4 CITY-ST-ZIP		
2.1 TITLE	(B) CLIFF NELSON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	1110 E. CLUB LN. N.E.	
2.3 STREET ADDRESS	ATLANTA, GA. 30319	
2.4 CITY-ST-ZIP		
3.1 TITLE	(S) MRS. SCHOENITH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	5055 G M D	
3.3 STREET ADDRESS	LONGBOAT KEY, FL. 34228	
3.4 CITY-ST-ZIP		
4.1 TITLE	(T) MR. ROSS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	100 RENAISSANCE CTR.	
4.3 STREET ADDRESS	DETROIT, MI. 48243	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN M. FINDER

1/31/95

Date

813 383-6327

Telephone #