

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 723799 (3)

1. Corporation Name  
**CLUB LONGBOAT BEACH AND TENNIS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: 5055 GULF OF MEXICO DR LONGBOAT KEY FL 34228  
Mailing Address: 5055 GULF OF MEXICO DR LONGBOAT KEY FL 34228

3. Date Incorporated or Qualified: 06/30/1972  
3a. Date of Last Report: 02/13/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: 59-1431423  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	REINER, DR&MRS	
STREET ADDRESS	5104 POE AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	B	<input type="checkbox"/> DELETE
NAME	NELSON, CLIFF	
STREET ADDRESS	1110 E CLUB NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	B	<input type="checkbox"/> DELETE
NAME	SCHOENITH, MRS	
STREET ADDRESS	5055 GMD	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROSS, MR	
STREET ADDRESS	100 RENAISSANCE CTR	
CITY-ST-ZIP	DETROIT MI	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHIFRA, CALLEN	
STREET ADDRESS	13 E. LAKE ST.	
CITY-ST-ZIP	NORTHLAKE IL 60164	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HELTZER, GAIL	
STREET ADDRESS	803 SHERIDAN RD	
CITY-ST-ZIP	HIGHLAND PARK IL	

11 TITLE	MR. & MRS. STRENG	ge <input checked="" type="checkbox"/> Addition
12 NAME	5145 DEER RUN CIRCLE	
13 STREET ADDRESS	ORCHARD LAKE MI. 48323	
14 CITY-ST-ZIP	MR. & MRS. GAYLORD	ge <input checked="" type="checkbox"/> Addition
21 TITLE	9164 PIONEERS CT.	
22 NAME	LINCOLN NE. 68520	
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	MR. & MRS. DALY	ge <input checked="" type="checkbox"/> Addition
32 NAME	3 DEER POND LANE	
33 STREET ADDRESS	CHADDS FORD, PA. 19317	
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 119.07(3)(k), 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/96  
Date

(941) 283-6051  
Daytime Phone #

CR2E037 (12/95)