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FILED  
Feb 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
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**

4. FEI Number: **59-1431423**  
Applied For:  Not Applicable:

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

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. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**LAVENDER, LINK S  
5055 GULF OF MEXICO DR  
LONGBOAT KEY FL 34228**

10. Name and Address of New Registered Agent  
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 617.1508, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

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	SCHOENTH, 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	P	<input type="checkbox"/> DELETE
NAME	DALY, MR. M	
STREET ADDRESS	3 DEER POND LANE	
CITY-ST-ZIP	CHADDS FORD PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HELTZER, GAIL	
STREET ADDRESS	803 SHERIDAN RD	
CITY-ST-ZIP	HIGHLAND PARK IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *John M. Daly* 2-4-98 941/383-0409

CR2E037 (10/97)