

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90088 008 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 723799**

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



|                                |  |                     |  |   |  |
|--------------------------------|--|---------------------|--|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified   |  |
| 21                             |  | 26                  |  | 06/30/1972  |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | 4. FEI Number   |  |
| 22                             |  | 27                  |  | 59-1431423  |  |
| City & State                   |  | City & State        |  | 5. Certificate of Status Desired <input type="checkbox"/>                       |  |
| 23                             |  | 28                  |  | \$8.75 Additional Fee Required  |  |
| Zip                            |  | Zip                 |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |  |
| 24                             |  | 29                  |  | \$5.00 May Be Added to Fees   |  |
| Country                        |  | Country             |  | 30  |  |

|   |  |  |  |  |  |    |    |
|---|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent                     |  |  |  | 10. Name and Address of New Registered Agent |  |    |    |
| LAVENDER, LINK S<br>5055 GULF OF MEXICO DR<br>LONGBOAT KEY FL 34228 |  |  |  | 81   | Name   |    |    |
|   |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |    |    |
|   |  |  |  | 83   |  |    |    |
|   |  |  |  | 84   | City   | FL | 85 |

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 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | D <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | B V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | REINER, DR&MRS                               | 1.2 NAME  | Graham, Stuart   |
| STREET ADDRESS             | 5104 POE AVE                                 | 1.3 STREET ADDRESS                                    | 20 Avoca Ave. #1503  |
| CITY-ST-ZIP                | TAMPA FL                                     | 1.4 CITY-ST-ZIP                                       | Toronto, <sup>Ontario</sup> Canada M4T 2B8                                       |
| TITLE                      | B <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| NAME                       | NELSON, CLIFF                                | 2.2 NAME  | Hankins, Peter   |
| STREET ADDRESS             | 1110 E CLUB NE                               | 2.3 STREET ADDRESS                                    | 6715 Alden Drive   |
| CITY-ST-ZIP                | ATLANTA GA                                   | 2.4 CITY-ST-ZIP                                       | W. Bloomfield, Michigan 48324  |
| TITLE                      | B <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| NAME                       | SCHOENITH, MRS                               | 3.2 NAME  | Pratt, John  |
| STREET ADDRESS             | 5055 GMD                                     | 3.3 STREET ADDRESS                                    | RR B Box 17  |
| CITY-ST-ZIP                | LONGBOAT KEY FL                              | 3.4 CITY-ST-ZIP                                       | Bloomington, IL 61704  |
| TITLE                      | T <input checked="" type="checkbox"/> DELETE | 4.1 TITLE   | T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| NAME                       | ROSS, MR                                     | 4.2 NAME  | Resnick, Charles   |
| STREET ADDRESS             | 100 RENAISSANCE CTR                          | 4.3 STREET ADDRESS                                    | 98 Todd Pond Road  |
| CITY-ST-ZIP                | DETROIT MI                                   | 4.4 CITY-ST-ZIP                                       | Lincoln, Ma. 01773   |
| TITLE                      | P <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| NAME                       | DALY, MR. M                                  | 5.2 NAME  |  |
| STREET ADDRESS             | 3 DEER POND LANE                             | 5.3 STREET ADDRESS                                    | Latimer Pt. 46 E. Shore Drive  |
| CITY-ST-ZIP                | CHADDS FORD PA                               | 5.4 CITY-ST-ZIP                                       | Stonington, Ct. 06378  |
| TITLE                      | D <input type="checkbox"/> DELETE            | 6.1 TITLE   | S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                       | HELTZER, GAIL                                | 6.2 NAME  |  |
| STREET ADDRESS             | 803 SHERIDAN RD                              | 6.3 STREET ADDRESS                                    | 136 Lakewood Place   |
| CITY-ST-ZIP                | HIGHLAND PARK IL                             | 6.4 CITY-ST-ZIP                                       | Highland Park, IL 60035  |

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: Gail Heltzler 1/10/99 941-383-4178  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)