

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2000 8:00 am**  
**Secretary of State**

01-31-2000 90004 010 \*\*\*\*61.25

**DOCUMENT # 723799**

1. Entity Name

**CLUB LONGBOAT BEACH AND TENNIS CONDOMINIUM ASSOC**

Principal Place of Business

Mailing Address

5055 GULF OF MEXICO DR  
 LONGBOAT KEY FL 34228

5055 GULF OF MEXICO DR  
 LONGBOAT KEY FL 34228-2003

00007441



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1431423**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
V	GRAHAM, STUART	20 AVOCA AVE #1503	TORONTO, CANADA M4T2G8	<input type="checkbox"/>
D	HANKINS, PETER	6715 ALDEN DRIVE	W BLOOMFIELD MI 48324	<input type="checkbox"/>
D	PRATT, JOHN	RR8 BOX 17	BLOOMINGTON IL 61704	<input type="checkbox"/>
T	RESNICK, CHARLES	98 TODD POND ROAD	LINCOLN MA 01773	<input checked="" type="checkbox"/>
P	DALY, MR. M	LATIMER PT 46 E SHORE DRIVE	STONINGTON CT 06378	<input checked="" type="checkbox"/>
S	HELTZER, GAIL	136 LAKEWOOD PLACE	HIGHLAND PARK IL 60035	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	GRAHAM, STUART	Box 4367	Collingwood, Ont. CA L4Y4T9	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	HANKINS, PETER	2630 WARNER DR	W. BLOOMFIELD, MI. 48324	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		SAME		<input type="checkbox"/>	<input type="checkbox"/>
T	JACK DALY	LATIMER PT. 46 E SHORE DR	STONINGTON, CT. 06378	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P	BILL STRENG	545 DEER RUN CR.	ORCHARD LAKE, MI. 48323	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		SAME		<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jack Daly*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/00  
 Date

941/383-0409  
 Daytime Phone #