

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90145 014 ****61.25

DOCUMENT # 723799

1. Entity Name

CLUB LONGBOAT BEACH AND TENNIS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5055 GULF OF MEXICO DR
 LONGBOAT KEY FL 34228

5055 GULF OF MEXICO DR
 LONGBOAT KEY FL 34228

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1431423

Applied For

Not Applicable

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

LAVENDEK, LINK W.
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	GRAHAM, STUART	
STREET ADDRESS	BOX 4367	
CITY-ST-ZIP	COLLINGWOOD ONT. CA L9Y4T9 CO	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HUBBARD, JIM	
STREET ADDRESS	5055 GULF OF MEXICO DR #536	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZUSSMAN, MILT	
STREET ADDRESS	4050 OVERLEA CT	
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304	
TITLE	T	<input type="checkbox"/> Delete
NAME	WINEBERG, HARVEY	
STREET ADDRESS	2401 ST JOHNS	
CITY-ST-ZIP	HIGHLAND PARK IL 60035	
TITLE	P	<input type="checkbox"/> Delete
NAME	STRENG, BILL	
STREET ADDRESS	5145 DEER RUN CR	
CITY-ST-ZIP	ORCHARD LAKE MI 48323	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOWELL, ANNA	
STREET ADDRESS	311 CHELSEA GREEN CT	
CITY-ST-ZIP	LOUISVILLE KY 40207	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN ZAWATSKY	
STREET ADDRESS	5055 GULF OF MEXICO	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

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

1/15/02 941 9383-6081
 Date Daytime Phone #

CR2E037 (9/01)