
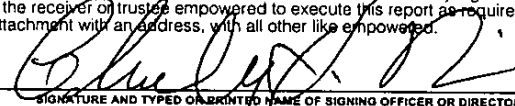


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90068 014 ****61.25

DOCUMENT # 723799					
1. Entity Name CLUB LONGBOAT BEACH AND TENNIS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5055 GULF OF MEXICO DR LONGBOAT KEY, FL 34228		Mailing Address 595 BAY ISLES RD. STE. 200 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 <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BETH CALLANS MGMT. 595 BAY ISLES RD. STE. 200 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BLACK, BARRY		NAME	Mary Brittain	
STREET ADDRESS	5055 GULF OF MEXICO DR.		STREET ADDRESS	5055 Gulf of Mexico Dr	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP	Longboat Key, FL 34228	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DALY, JACK		NAME		
STREET ADDRESS	5055 GULF OF MEXICO		STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KRAVITZ, HARLEY		NAME		
STREET ADDRESS	5055 GULF OF MEXICO DR.		STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RESNICK, CHARLES		NAME		
STREET ADDRESS	96 TODD POND RD.		STREET ADDRESS		
CITY-ST-ZIP	LINCOLN, MA 01773		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEWIN, DON		NAME		
STREET ADDRESS	5055 GULF OF MEXICO DR.		STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HART, TERRY DR.		NAME		
STREET ADDRESS	5055 GULF OF MEXICO DR.		STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Charles A. Resnick IV. 1/19/06 383-5256 941			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			



01132006 Chg-NP CR2E037 (11/05)