

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR -6 AM 6:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 727128 (1)

1. Corporation Name
**LONGBOAT BEACH HOUSE CONDOMINIUM ASSOCIATION, IN
C.**

Principal Place of Business		Mailing Address	
2055 WOOD ST SARASOTA FL 34237	STE 202	2055 WOOD ST SARASOTA FL 34237	STE 202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/08/1973	3a. Date of Last Report 04/13/1994
4. FBI Number 59-1839134	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21	25	26	30
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

**PROP AND ACCTNG MNGMT, INC
2055 WOOD ST STE 202
SARASOTA FL 34237**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	DT
NAME	HERTEL, JOHN
STREET ADDRESS	4311 GULF OF MEX DR 202
CITY-ST-ZIP	LONGBOAT KEY FL
TITLE	D
NAME	HAUCK, RICHARD
STREET ADDRESS	4311 GULF OF MEXICO #504
CITY-ST-ZIP	LONGBOAT KEY, FL 09000
TITLE	PD
NAME	SCHARR, JEAN
STREET ADDRESS	4311 GULF OF MEX DR 203
CITY-ST-ZIP	LONGBOAT KEY, FL 09000
TITLE	VD
NAME	ATKINSON, RALPH
STREET ADDRESS	4311 GULF OF MEXICO DR #602
CITY-ST-ZIP	LONGBOAT KEY, FL 09000
TITLE	SD
NAME	CURCURI, EDMOND
STREET ADDRESS	4511 GULF OF MEXICO DR #301
CITY-ST-ZIP	LONGBOAT KEY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hertel, John	
1.3 STREET ADDRESS	4311 Gulf of Mexico Dr. #202	
1.4 CITY-ST-ZIP	Longboat Key FL 34228	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Smigielski, Kenneth	
2.3 STREET ADDRESS	4311 Gulf of Mexico Dr. #403	
2.4 CITY-ST-ZIP	Longboat Key, FL 34228	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Scharr, Jean	
3.3 STREET ADDRESS	4311 Gulf of Mexico Dr. #203	
3.4 CITY-ST-ZIP	Longboat Key, FL 34228	
4.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Atkinson, Ralph	
4.3 STREET ADDRESS	4311 Gulf of Mexico Dr. #602	
4.4 CITY-ST-ZIP	Longboat Key, FL 34228	
5.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Pavone, Al	
5.3 STREET ADDRESS	4311 Gulf of Mexico Dr. #501	
5.4 CITY-ST-ZIP	Longboat Key, FL 34228	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John Hertel* **PRESIDENT** **18N CONDO ASSOC.** **393/1761**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Day/Year)