FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727128

1. Corporation Name

LONGBOAT BEACH HOUSE CONDOMINIUM ASSOCIATION, IN

Principal Place of Business

SARASOTA FL 34237

2. Principal Place of Business

Suite, Apt. #, etc.

City & State _

22

23

2055 WOOD ST

STE 202

Mailing Address

2055 WOOD ST SARASOTA FL 34237

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

STE 202

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90135 042 ****61.25



3. Date Incorporated or Qualifed

5.-Certifcate of Status Desired - .

08/08/1973

59-1839134

4. FEI Number

Zip	Country		_	Country			Election Can	npaign Financing		\$5	.UU N	/layBe
24	25	29	30				Trust Fund C	Contribution		Ac	ded to	Fees
	9. Name and Address of Current F		10. Name and Address of New Registered Agent									
			-	81	Name							
PROP AND ACCTNG MNGMT, INC					82 Street Address (P.O. Box Number is Not Acceptable)							
2055 WOOD ST STE 202					Oli del 7	Addioss	(1.0.200.140					
SARASOTA FL 34237								<u></u>				
OAINOU I	A 1 L 34231			-						85	Zip C	ode
				84	City				FL	03	Zip C	Jue
office or n	to the provisions of Sections 617.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation 不可以的表现的。	Florida, Such chan-	de was autho	rized by	the corpo	corporati oration's	ion submits this board of directo	statement for the	purpose of option	changii itment	ng its r as reg	egistered istered
SIGNATURE		- d state to	(NOTE: Dec	istared Asse	t alaactura ca	roquired who	n reinstating)		DATE			
12.	Signature, typed or printed name of registered agent a OFFICERS AND		(INOTE: KBG	13.	r officialnia LB	ednusa Mus		HANGES TO OF		D DIRI	ECTO	RS IN 12
TITLE	VD		ELETE	1.1 TITLE	[<u> </u>				☐ Ch		Addition
NAME	HERTEL, JOHN	_		1.2 NAME								
STREET ADDRESS	TILITIEE, OOTHY				TADORESS							
	LONGBOAT KEY FL			1.4 CITY-S	1							
CITY-ST-ZIP					2.1 TITLE				☐ Ch	ange	Addition	
NAME	, · •			2.2 NAME								
	SMIGIELSKI, KENNETH 4311 GULF OF MEXICO DR. #40	a		2.3 STREE	TADODESS	1						
STREET ADDRESS	LONGBOAT KEY FL	ы		2.4 CITY-S	- 1							
CITY-ST-ZIP	SD -	. 🗀 D	ELETE	3.1.TITLE	11-21			*		_ Ch	ange	. 🔲 Addition
NAME	• • • • • • • • • • • • • • • • • • • •			3.2 NAME	. ~]							
	SCHARR, JEAN 4311 GULF OF MEX DR 203		i	3.3 STREE	T ADDDESS	•						
STREET ADDRESS		0				}						
CITY-ST-ZIP	LONGBOAT KEY, FL 00000 3422 TD		ELETE	3.4. CITY-5 4.1 TITLE	11-ZIP	}				□ Ch	ange	Addition
) · -			4. 2 NAME		•						_
NAME	ATKINSON, RALPH	3	l	4.2 NAME	T ADDDESS							
STREET ADDRESS		٤										
CITY-ST-ZIP	LONGBOAT KEY, FL 00000		ELETE	4.4 CITY-S 5.1 TITLE	1-2110	 				□ Ch	ange	Addition
	DICHADDOOM CHOCME	□ \$1	,-	5.1 HILE 5.2 NAME								
NAME	RICHARDSON, EUGENE	•	l	5.3 STREE	TADDRESS							i
STREET ADDRESS	4311 GULF OF MEXICO DR. #50	1		5.4 CITY-S	1	1						
CITY-ST-ZIP	LONGBOAT KEY FL 34228		ELETE	6.1 TITLE	1-4F					□ Ch	ange	Addition
TITLE			LLE)E	6.2 NAME							go	women
NAME				6.3 STREE	LYDDEGG							
STREET ADDRESS												
CITY-ST-ZIP	certify that the information supplied with	Aluin Ailinn alana *	annellé i ée a de	6.4 CITY-S		lia Carti	ing 440 07/2V/N	Elorida Statutos	I further cor	ify that	t the in	formation
indicated	certify that the information supplied with	this filing does not	quality for the	exempt	t my sians	u in Secti	iuii 119.07(3)(1), all have the can	r ionga statutes. ne legal effect as i	i iui ui ei Celi	er oath	that l	am an

4. I hereby certify that the information supplied with this filling 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 expowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99 941-387.99

(11/30)

Applied For

\$8.75 Additional

Fee Required

Not Applicable