

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

0052387

DOCUMENT # 727128

1. Entity Name

LONGBOAT BEACH HOUSE CONDOMINIUM ASSOCIATION, IN C.

05-09-2002 90011 043 ****61.25

Principal Place of Business

Mailing Address

**4983 RINGWOOD MEADOW
 SARASOTA FL 34235**

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 SARASOTA FL 34235**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1839134

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

**PAMI MANAGEMENT, INC.
 4983 RINGWOOD MEADOW
 SARASOTA FL 34235**

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 **VD** Delete
 NAME **HERTEL, JOHN**
 STREET ADDRESS **4311 GULF OF MEX DR 202**
 CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE **TD** Change Addition
 NAME **HERTEL, JOHN**
 STREET ADDRESS **4311 GULF OF MEXICO DR #202**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE **PD** Delete
 NAME **SMIGIELSKI, KENNETH**
 STREET ADDRESS **4311 GULF OF MEXICO DR. #403**
 CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE **PD** Change Addition
 NAME **VINCENT, TIMOTHY**
 STREET ADDRESS **4311 GULF OF MEXICO DR #601**
 CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

TITLE **SD** Delete
 NAME **SCHARR, JEAN**
 STREET ADDRESS **4311 GULF OF MEX DR 203**
 CITY-ST-ZIP **LONGBOAT KEY, FL 00000 34228**

TITLE **DV** Change Addition
 NAME **SCHARR, JEAN**
 STREET ADDRESS **4311 GULF OF MEXICO DR #203**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE **D** Delete
 NAME **BRODER, EDWARD**
 STREET ADDRESS **4311 GULF OF MEXICO DR #602**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **RICHARDSON, EUGENE**
 STREET ADDRESS **4311 GULF OF MEXICO DR. #501**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE **SD** Change Addition
 NAME **PAYONE, ALBERT**
 STREET ADDRESS **4311 GULF OF MEXICO DR #501**
 CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

TITLE **TD** Delete
 NAME **CAHILL, VERA**
 STREET ADDRESS **4311 GULF OF MEXICO DR. # 603**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE Change 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T Vincent

Date

Daytime Phone #

CR2E037 (9/01)