


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

05-17-2004 90012 022 \*\*\*\*61.25

<b>DOCUMENT # 727128</b>			
1. Entity Name <b>LONGBOAT BEACH HOUSE CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>4983 RINGWOOD MEADOW SARASOTA FL 34235</b>		Mailing Address <b>4983 RINGWOOD MEADOW SARASOTA FL 34235</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>PAMI MANAGEMENT, INC. 4983 RINGWOOD MEADOW SARASOTA FL 34235</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>HERTEL, JOHN</b> <input checked="" type="checkbox"/> Delete <b>4311 GULF OF MEX DR 202 LONGBOAT KEY FL 34228</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Pavone, Al</b> <b>4311 Gulf of Mexico Dr. #501 Longboat Key, FL 34228</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input checked="" type="checkbox"/> Delete <b>VINCENT, TIMOTHY</b> <b>4311 GULF OF MEXICO DRIVE #601 LONGBOAT KEY FL 34228</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Cahill, Vera</b> <b>4311 Gulf of Mexico Dr., #603 Longboat Key, FL 34228</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <input type="checkbox"/> Delete <b>SCHARR, JEAN</b> <b>4311 GULF OF MEX DR 203 LONGBOAT KEY FL 34228</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BRODER, EDWARD</b> <b>4311 GULF OF MEXICO DR #602 LONGBOAT KEY FL 34228</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <input type="checkbox"/> Delete <b>SMIGIELSKI, MARY</b> <b>4311 GULF OF MEXICO DR. LONGBOAT KEY FL 34228</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Smigielski, Mary</b> <b>4311 Gulf of Mexico Dr., #403 Longboat Key, FL 34228</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> <i>Mary Smigielski</i>		Date: <b>4/13/04</b> Daytime Phone #: <b>941-387-9912</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			