

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 740380 (1)**  
1. Corporation Name  
**LONGBOAT TERRACE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**2055 WOOD ST  
SUITE 202 - PO BOX 6165  
SARASOTA FL 34237**

Mailing Address  
**2055 WOOD ST  
SUITE 202 - PO BOX 6165  
SARASOTA FL 34237**

3. Date Incorporated or Qualified  
**10/11/1977**

3a. Date of Last Report  
**04/19/1995**

4. FEI Number  
**59-1945790**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26**

Suite, Apt. #, etc.  
**22**

Suite, Apt. #, etc.  
**27**

City & State  
**23**

City & State  
**28**

Zip  
**24**

Country  
**25**

Zip  
**29**

Country  
**30**

## 9. Name and Address of Current Registered Agent

**PROPERTY AND ACC MGMT, INC  
2055 WOOD ST  
SUITE 202  
SARASOTA FL 34237**

## 10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE ☐ DELETE

NAME **P**

STREET ADDRESS **BOYER, TED**

CITY-ST-ZIP **5393 GULF OF MEX 106A  
LONGBOAT KEY, FL 00000**

TITLE ☐ DELETE

NAME **D**

STREET ADDRESS **KAUFMANN, RALPH**

CITY-ST-ZIP **5393 GULF OF MEXICO DR 207B  
LONGBOAT KEY FL**

TITLE ☐ DELETE

NAME **VD**

STREET ADDRESS **LESUEUR, MARSHALL**

CITY-ST-ZIP **5393 GULF OF MEXICO DR 114-C  
LONGBOAT KEY, FL 00000**

TITLE ☒ DELETE

NAME **SD**

STREET ADDRESS **PESHEK, JANET**

CITY-ST-ZIP **5393 GULF OF MEXICO DRIVE 104-A  
LONGBOAT KEY, FL 00000**

TITLE ☐ DELETE

NAME **TD**

STREET ADDRESS **STICKNEY, WILLIAM**

CITY-ST-ZIP **5393 GULF OF MEXICO DRIVE 203A  
LONGBOAT KEY, FL 00000**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE ☒ Change ☐ Addition

12 NAME **D**

13 STREET ADDRESS **Boyer, Ted**

14 CITY-ST-ZIP **5393 Gulf of Mexico Dr. 106-A  
Longboat Key, FL 34228**

21 TITLE ☒ Change ☐ Addition

22 NAME **DT**

23 STREET ADDRESS **Kaufmann, Ralph**

24 CITY-ST-ZIP **5393 Gulf of Mexico Dr. 207-B  
Longboat Key, FL 34228**

31 TITLE ☒ Change ☐ Addition

32 NAME **PD**

33 STREET ADDRESS **LeSueur, Marshall**

34 CITY-ST-ZIP **5393 Gulf of Mexico Dr. 114-C  
Longboat Key, FL 34228**

41 TITLE ☐ Change ☒ Addition

42 NAME **SD**

43 STREET ADDRESS **Randa, Mary**

44 CITY-ST-ZIP **5393 Gulf of Mexico Dr. 116-C  
Longboat Key, FL 34228**

51 TITLE ☒ Change ☐ Addition

52 NAME **VD**

53 STREET ADDRESS **Stickney, William**

54 CITY-ST-ZIP **5393 Gulf of Mexico Dr. 203-A  
Longboat Key, FL 34228**

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*M. G. [Signature]*

Daytime Phone

CR2E037 (12/95)