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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740380

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

10/11/1977

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

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 DV DELETE

NAME BOYER, TED
STREET ADDRESS 5393 GULF OF MEXICO DR #106A
CITY-ST-ZIP LONGBOAT KEY, FL 00000

TITLE TD DELETE

NAME EVANS, ROBERT
STREET ADDRESS 5393 GULF OF MEXICO DR., 205-A
CITY-ST-ZIP LONGBOAT KEY FL

TITLE PD DELETE

NAME LESUEUR, MARSHALL
STREET ADDRESS 5393 GULF OF MEXICO DR 114-C
CITY-ST-ZIP LONGBOAT KEY, FL 00000

TITLE SD DELETE

NAME RANDA, MARY
STREET ADDRESS 5393 GULF OF MEXICO DRIVE, 116-C
CITY-ST-ZIP LONGBOAT KEY FL

TITLE VD DELETE

NAME STICKNEY, WILLIAM
STREET ADDRESS 5393 GULF OF MEXICO DRIVE 203A
CITY-ST-ZIP LONGBOAT KEY, FL 00000

TITLE D DELETE

NAME SHERRY, ROBERT
STREET ADDRESS 5393 GULF OF MEXICO DR #210B
CITY-ST-ZIP LONGBOAT KEY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 empowered.

SIGNATURE:

W. Stickney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99 (847) 945-1821
Date Daytime Phone #

0067750

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