

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

05-09-2002 90011 044 \*\*\*\*61.25

**DOCUMENT # 740380**

1. Entity Name

**LONGBOAT TERRACE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

**4983 RINGWOOD MEADOWE  
 SARASOTA FL 34235**

Mailing Address

**4983 RINGWOOD MEADOWE  
 SARASOTA FL 34235**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1945790**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
SD	BOYER, TED	5393 GULF OF MEXICO DR #106-A	LONGBOAT KEY FL 34228	<input checked="" type="checkbox"/>	SD	BASKFIELD, JERRY	15013 LEXINGTON AVE.	MINNETONKA, MA. 55345	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DV	PIZZARELLO, PETER	220 WALKER ST	SEEKONK MA 02771	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	LESUEUR, MARSHALL	5393 GULF OF MEXICO DR 114-C	LONGBOAT KEY FL 34228	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	LANGE, ALAN	7 ROCK RIDGE RD	BARRINGTON HILLS IL 60010	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PD	SHERRY, ROBERT	5393 GULF OF MEXICO DR #210B	LONGBOAT KEY FL 34228	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 filers empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)