



**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90343 018 ****61.25

DOCUMENT # 740380 1. Entity Name LONGBOAT TERRACE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 4983 RINGWOOD MEADOWE SARASOTA, FL 34235		Mailing Address C/O BETH CALLANS MGMT CORP 595 BAY ISLES RD LONGBOAT KEY, FL 34228	
2. Principal Place of Business Suite, Apt. #, etc. 595 Bay Isles Rd. City & State Longboat Key, FL Zip 34228		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
			
		04122004 Chg-NP CR2E037 (10/03)	
		4. FEI Number 59-1945790	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAMI MANAGEMENT, INC. 595 BAY ISLES RD STE 201 LONGBOAT KEY, FL 34228		7. Name and Address of New Registered Agent Name Beth Callans Management Street Address (P.O. Box Number is Not Acceptable) 595 Bay Isles Rd., Ste 201 City Longboat Key FL Zip Code 34228	
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 Beth Callans <small>Signature, typed or printed name of registered agent and title if applicable.</small>		4/27/04 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD DUSTIN, ROBERT D	TITLE	[] Change [] Addition
NAME		NAME	
STREET ADDRESS	15613 LEXINGTON AVE	STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA, MN 55345	CITY-ST-ZIP	
TITLE	DV PIZZARELLO, PETER	TITLE	[] Change [] Addition
NAME		NAME	
STREET ADDRESS	220 WALKER ST	STREET ADDRESS	
CITY-ST-ZIP	SEEKONK, MA 02771	CITY-ST-ZIP	
TITLE	D LESUEUR, MARSHALL	TITLE	[] Change [] Addition
NAME		NAME	
STREET ADDRESS	5393 GULF OF MEXICO DR 114-C	STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	CITY-ST-ZIP	
TITLE	PD SHERRY, ROBERT	TITLE	[] Change [] Addition
NAME		NAME	
STREET ADDRESS	5393 GULF OF MEXICO DR #210B	STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	CITY-ST-ZIP	
TITLE	[] Delete	TITLE	[] Change [X] Addition
NAME		NAME	TD Baskfield, Gerald
STREET ADDRESS		STREET ADDRESS	5393 Gulf of Mexico Dr., #202A
CITY-ST-ZIP		CITY-ST-ZIP	Longboat Key, FL 34228
TITLE	[] Delete	TITLE	[] Change [] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: hdk Baskfield <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		042704 941 387 4346 <small>Date Daytime Phone #</small>	