


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90417 047 ****61.25

DOCUMENT # 740380					
1. Entity Name LONGBOAT TERRACE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 595 BAY ISLES RD. LONGBOAT KEY, FL 34228		Mailing Address C/O BETH CALLANS MGMT CORP 595 BAY ISLES RD LONGBOAT KEY, FL 34228			
2. Principal Place of Business 595 Bay Isles Rd Suite, Apt. #, etc. Ste 200 City & State Longboat Key, FL Zip 34228 Country USA		3. Mailing Address 595 Bay Isles Rd Suite, Apt. #, etc. Ste 200 City & State Longboat Key, FL Zip 34228 Country USA			
		01232006 Chg-NP		CR2E037 (11/05)	
		4. FEI Number 59-1945790		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BETH CALLAUS MGMT. 595 BAY ISLES RD. STE. 201 LONGBOAT KEY, FL 34228			7. Name and Address of New Registered Agent Beth Callans Management Corp. 595 Bay Isles Road Suite #200 Longboat Key, FL 34228 L 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 <i>Beth Callaus</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	SD DUSTIN, ROBERT D 80 ASBY ROAD CANTERBURY, NH 03224 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Olson, Bill 56 Knox Circle EVANSTON, IL 60201 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PIZZARELLO, PETER 220 WALKER ST SEEKONK, MA 02771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TREIEN, GEORGE 605 PALMER COURT CRESTVIEW HILLS, KY 41017 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THELEN, GEORGE 605 PALMER COURT CRESTVIEW HILLS, KY 41017 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERRY, ROBERT 700 OCEAN AVE. # 116 SPRING LAKE, NJ 07762 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BASKFIELD, GERALD 15613 LEXINGTON AVE. MINNETONKA, MN 55345 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BASKFIELD, GERALD 15613 LEXINGTON AVE MINNETONKA, MN 55345 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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 exemptions contained in Chapter 119, 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: <i>TERRA PIZZARELLO (President)</i> 4/10/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

