
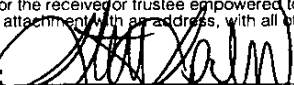


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90017 036 \*\*\*\*61.25

<b>DOCUMENT # 740380</b> 1. Entity Name <b>LONGBOAT TERRACE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>595 BAY ISLES RD. SUITE 200 LONGBOAT KEY, FL 34228</b>			Mailing Address <b>595 BAY ISLES RD. SUITE 200 LONGBOAT KEY, FL 34228</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-1945790</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BETH CALLANS MANAGEMENT CORP. 595 BAY ISLES RD. SUITE 200 LONGBOAT KEY, FL 34228</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OLSON, BILL		NAME		
STREET ADDRESS	56 KNOX CIR		STREET ADDRESS		
CITY-ST-ZIP	EVANSTON, IL 60201		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIZZARELLO, PETER		NAME		
STREET ADDRESS	220 WALKER ST		STREET ADDRESS		
CITY-ST-ZIP	SEEKONK, MA 02771		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THELEN, GEORGE		NAME		
STREET ADDRESS	605 PALMER COURT		STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW HILLS, KY 41017		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHERRY, ROBERT		NAME		
STREET ADDRESS	700 OCEAN AVE. # 116		STREET ADDRESS		
CITY-ST-ZIP	SPRING LAKE, NJ 07762		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BASKFIELD, GERALD		NAME		
STREET ADDRESS	15613 LEXINGTON AVE.		STREET ADDRESS		
CITY-ST-ZIP	MINNETONKA, MN 55345		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.					
<b>SIGNATURE:</b> 			<b>STEVEN SPARKS LCAM</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <b>2-22-08</b> Daytime Phone #: <b>941-387-3443</b>		