

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740380

FILED
Jan 04, 2011
Secretary of State

Entity Name: LONGBOAT TERRACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

595 BAY ISLES RD.
SUITE 200
LONGBOAT KEY, FL 34228

New Principal Place of Business:

Current Mailing Address:

595 BAY ISLES RD.
SUITE 200
LONGBOAT KEY, FL 34228

New Mailing Address:

FEI Number: 59-1945790 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BETH CALLANS MANAGEMENT CORP.
595 BAY ISLES RD.
SUITE 200
LONGBOAT KEY, FL 34228 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T
Name: OLSON, BILL
Address: 56 KNOX CIR
City-St-Zip: EVANSTON, IL 60201

Title: D
Name: PIZZARELLO, PETER
Address: 220 WALKER ST
City-St-Zip: SEEKONK, MA 02771

Title: VP
Name: THELEN, GEORGE
Address: 605 PALMER COURT
City-St-Zip: CRESTVIEW HILLS, KY 41017

Title: P
Name: SHERRY, ROBERT
Address: 700 OCEAN AVE. # 116
City-St-Zip: SPRING LAKE, NJ 07762

Title: D
Name: MC PEAK, DALE
Address: 5145 CEDER BRIDGE ROAD
City-St-Zip: ST. LOUIS,, MO 63141

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT J. SHERRY

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01/04/2011

Electronic Signature of Signing Officer or Director

Date