SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

TIDES OF LONGBOAT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

5555 GULF OF MEXICO DR. LONGBOAT KEY FL 34228

2. Principal Place of Business

Suite, Apt. #, etc.

5555 GULF OF MEXICO DR. LONGBOAT KEY FL 34228

FILED Aug 24, 1999 8:00 am Secretary of State

08-24-1999 90013 017 ****61.25





Date Incorporated or Qualifed

02/12/1979

FEI Number 59-2004131

		- - - - - - - - - - 			_ -	40.75	
City & State		City & State		5. Certificate of Status Desired	tus Desired		
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00	Mav Be
24	25	29 30	5		Trust Fund Contribution	Added to	,
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
			81	Name			
HEROLD, WILLIAM M. JR. 5500 MARINA DR.							-
				Street Address (P.O. Box Number is Not Acceptable)			
						<u> </u>	· · · · · · · · · · · · · · · · · · ·
HOLMES	BEACH FL 34217		83				
Į.			84	City		85 Zip C	ode
			<u> </u>			FL 00 250	
11. Pursuant	to the provisions of Sections 617.0502	end 617.1508, Florida Statutes,	the above	-named co	orporation submits this statement for the puration's board of directors. I hereby accept the	pose of changing its e appointment as rec	registerea iistered
agent. a	n familiar with, and accept the obligati	one of Section 617.0503, Florida	a Statutes		ation a board of directors. Thereby descript of		,
SIGNATURE						·	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Ager	t signature req	and when remembers	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	DP	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	Steyer, George	EORGE					
STREET ADDRESS	5555 GULF OF MEXICO		1.3 STREET ADDRESS				
CITY-ST-ZIP	LONGBOAT KEY FL		1.4 CITY-ST-ZIP				
TITLE	DS	☐ DELETE				☐ Change	☐ Addition
I NAME I	WEBSTER, JOAN	1		1			
STREET ADDRESS	5555 GULF OF MEXICO		2.3 STREET ADDRESS				
	LONGBOAT KEY FL		2. 4 CITY - S				
CITY-ST-ZIP	D ST DELETE		3.1 TITLE		Treasurer	☐ Change	Addition
) -	PARTRIDGE, DAVID		3.2 NAME		Roger Wellington		^
NAME					5555 Gulf of Mexico Dr	#202	
STREET ADDRESS	6024 SHEAFF LANE		3.3 STREET				
CITY-ST-ZIP	FT. WASHINGTON PA	☐ DELETE	3.4. CITY- S	T-ZIP	<u>Longboat Key, FL 34228</u>	☐ Change	Addition
TITLE		□ pereie	4.1 TITLE]			
NAME			4. 2 NAME				
STREET ADDRESS			4 3 STREE	1			
CITY-ST-ZIP		□ per ere	4.4 CITY-S	T-ZIP	·	Change	Addition
mle (☐ DELETE	5.1 TITLE			Tt cusude	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	}			
CITY-ST-ZIP	<u> </u>		5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	ADDRESS			
CITY-ST-ZIP	•		6.4 CITY-S	7-23P			
					- Cartier 440 07/21/6) Elegide Statutes fur		£

14. 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 annual report or supplemental annual 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 occurrence to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in an address, with all other like empowered.

SIGNATURE:

Applied For

Not Applicable