## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

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## LONGBOAT BAY CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address					T ARBUIT ABOUT RIEFF TO THE STATE TRIED	HORE DIDIN DIDIN DIDIN DEBEL D	NAME OF THE OWN
3200 GULF OF MEXICO DRIVE 3200 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228-2806 LONGBOAT KEY FL 34228-2800							
					3. Date Incorporated or Qualified 04/16/1981	3a. Date of Last R 04/24/19	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 65-0026175	4. FEI Number Applied For S5-0026175 Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc			5. Certificate of Status Desired		
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25	Zip Cou 29 30		4	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes W No		
	g. Name and Address of Curren	t Registered Agent		,	10. Name and Address of New Re	gistered Agent	
			61	Name			
LOVE WILLIAM J MARRIOTT OWNERSHIP RESORTS, INC.			82	Street Add	fress (P.O. Box Number is Not Arcepted	ivd	
	S HWY 98 SOUTH, STE 10		83				
LAKELA	ND FL 33801		84	STYVIZ	ando	FL 85 200	Code
11 Direment	to the provisions of Sections 64 050	2 and 617 1508 Florida Statutes	the above	e-named cor	poration submits this statement for the p		te registered
office or re	egistered agent or both, in the State	of Florida, Such change was aut	thorized b	y the corpora	ation's board of directors. I hereby accep	t the appointment as	registered
•	m tamilies with, and accept the obliga	ations or, Section 617.0503, Fiori	da Statute	S.	7	460	
SIGNATURE _	Signature, typed or printed runn of registered ages	nt and title if applicable (NO1E: F	Registered Ag	ent signature requ	ired when reinslating)	DATE	
12.	OFFICERS AND	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	IS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE	T		☐ Change	☐ Addilion
NAME	HERON, BRIAN N		1.2 NAME				
STREET ADDRESS	358 N ORCHID DR		1.3 STREE	ADDRESS			
CITY-\$T-ZIP			14 CITY-	ST - ZIP			
TITLE	DT	☐ DELETE 217				Change	Addition
NAME	SMITH, ROY		2.2 NAME	ļ			-
STREET ADDRESS	1510 SOUTH TUTTLE AVE		2.3 STREE	FADDRES\$			
CITY-ST-ZIP	SARASOTA FL		2. 4 CITY-ST-ZIP			——————————————————————————————————————	
TITLE	DS	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME	MASTENBROEK, HENK		3.2 NAME				[
STREET ADDRESS	1510 S TUTTLE AVE.		1	ADDRESS			
CITY-ST-ZIP	SARASOTA FL	DELETE	3.4. CITY-	ST-ZIP		Change	Addition
TITLE		- Decert	4.1 TifLE				□ ∧uuiiliiii
NAME			4. 2 NAME				}
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CiTY - 8	ST-ZIP		Change	Addition
TITLE		☐ DETELIT	5.1 TITLE	1		change	L.J AUGILIUIT
NAME PTREET ADDRESS			5.2 NAME	Abboros			
STREET ADDRESS			f	ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CITY - 5	SI-ZIP		Change	Addition
TITLE		U VLLLIE	6.1 TITLE	1		L_1 Cuarife	
NAME			6.2 NAME				}
STREET ADDRESS			■ 6.3 STHEE	ADDRESS			

6.4 CITY - ST - ZIP

14. To 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 porporation or the receiver or tyustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if Changed, or on an attachment with an address.

**FILED** 

Mar 17 1997 8:00am

Secretary of State

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