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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 757599

1. Corporation Name

LONGBOAT BAY CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**3200 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228-2806**

Mailing Address

**3200 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228-2806**

C/O Resort Operations



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25 County

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

6649 Westwood Blvd.

Ste. 500

Orlando, FL

32821

USA

3. Date Incorporated or Qualified

04/16/1981

4. FEI Number

65-0026175

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**LOVE WILLIAM J
6649 WESTWOOD BLVD
ORLANDO FL 32821**

10. Name and Address of New Registered Agent

81

82 Street Address (P.O. Box Number is Not Acceptable)

83

84

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **HERON, BRIAN N**
STREET ADDRESS **358 N ORCHID DR**
CITY-ST-ZIP **ELLENTON FL**

TITLE **DT** ☐ DELETE
NAME **SMITH, ROY**
STREET ADDRESS **1510 SOUTH TUTTLE AVE**
CITY-ST-ZIP **SARASOTA FL**

TITLE **DS** ☐ DELETE
NAME **MASTENBROEK, HENK**
STREET ADDRESS **1510 S TUTTLE AVE.**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **D/VP** ☐ Change ☐ Addition
2.2 NAME **Smith, Roy**
2.3 STREET ADDRESS **1510 South Tuttle Ave.**
2.4 CITY-ST-ZIP **Sarasota, FL 34239**

3.1 TITLE **D/S/T** ☐ Change ☐ Addition
3.2 NAME **Henk Mastenbroek**
3.3 STREET ADDRESS **6516 Bayou Hammock**
3.4 CITY-ST-ZIP **Longboat Key FL 34228**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 or trustee 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED BY SMITH

4/1/99

941-957-1301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)