

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 761188 (2)
1. Corporation Name
LONGBOAT COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5500 MARINA DR.
HOLMES BEACH FL 342175500 MARINA DR.
HOLMES BEACH FL 34217-15403. Date Incorporated or Qualified
12/21/19813a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2263233Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEROLD, WILLIAM JR.
5500 MARINA DR.
HOLMES BEACH FL 34217

81 Name

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

83

84 City

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

Signatures: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD
NAME WIRTZ, SUNNY
STREET ADDRESS 5471 GULF OF MEXICO #203
CITY- ST- ZIP LONGBOAT KEY FL1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIPTITLE D
NAME PEARL, JUDSON, W
STREET ADDRESS 95 ANDOVER ROAD
CITY- ST- ZIP ROCVILLE CENTRE NY2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIPTITLE D
NAME JAMES, ASTRIDE
STREET ADDRESS 5471 GULF OF MEXICO DR
CITY- ST- ZIP LONGBOAT KEY FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIPTITLE TD
NAME NEHER, ROBERT
STREET ADDRESS 5481 GULF OF MEXICO DR.
CITY- ST- ZIP LONGBOAT KEY FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIPTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIPTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do 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.

SIGNATURE

SIGNATURE AND TYPED NAME OF SIGNING OFFICER ON REPORT

3/20/97

062144

CR2E037 (9/96)