

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **761188** (2)
1. Corporation Name
LONGBOAT COVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 5500 MARINA DR. HOLMES BEACH FL 34217		Mailing Address 5500 MARINA DR. HOLMES BEACH FL 34217		3. Date Incorporated or Qualified 12/21/1981	
				4. FEI Number 59-2263233	
				Applied For Not Applicable	
2. Principal Place of Business 21		2a. Mailing Address 26		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
22 City & State		27 City & State		7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No	
23 Zip		28 Zip		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent HEROLD, WILLIAM JR. 5500 MARINA DR. HOLMES BEACH FL 34217				10. Name and Address of New Registered Agent	
				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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WIRTZ, SUNNY	1.2 NAME	
STREET ADDRESS	5471 GULF OF MEXICO #203	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PEARL, JUDSON, W	2.2 NAME	
STREET ADDRESS	95 ANDOVER ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROCHVILLE CENTRE NY	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JAMES, ASTRIDE	3.2 NAME	
STREET ADDRESS	5471 GULF OF MEXICO DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	3.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	NEHER, ROBERT	4.2 NAME	
STREET ADDRESS	5481 GULF OF MEXICO DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE _____ 5/19/98 944 382 1031

CP2E037 (10/97)