2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # 761188 Apr 26, 2000 8:00 am Secretary of State 1. Entity Name LONGBOAT COVE CONDOMINIUM ASSOCIATION, INC. 04-26-2000 90168 033 ****61.25 Principal Place of Business Mailing Address 5500 MARINA DR. 5500 MARINA DR. HOLMES BEACH FL 34217 HOLMES BEACH FL 34217-1540 2. Principal Place of Business 3. Mailing Address ite boocu eza Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ての City & State City & State 4. FEI Number Applied For arasota 59-2263233 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 34237 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Properte 4 Accounting Street Address (P.O. Box Number is Not Acceptable HEROLD, WILLIAM JR. 5500 MARINA DR. **HOLMES BEACH FL 34217** arasda 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State FEE 1S \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. 🗶 Delete TITLE ☐ Change TITLE Gilman, Barbara 5461 Gulf of Mexico Dr WIRTZ, SUNNY NAME NAME #203 STREET ADDRESS STREET ADDRESS 5471 GULF OF MEXICO #203 CITY-ST-ZIP CITY-ST-ZIP LONGBOAT KEY, FL Longboat key fl PD ☐ Change ☐ Addition ☐ Delete TITLE TITLE HULL, MURPHY NAME NAME STREET ADDRESS STREET ADDRESS 7 SULGRAVE CRESCENT CITY-ST-ZIP CJTY-ST-ZIP WILLOWDALE ON M2-11W5 SD Change TITLE ☐ Delete TITLE ■ Addition Clippengeri NAME CLIPPENGER, JOAN NAME STREET ADDRESS 27 SPRING HILL DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CINCINNATI OH 45227** X Delete TITLE Change ☐ Addition MISKEN, ESAU NAME NAME STREET ADDRESS STREET ADDRESS 5481 GULF OF MEXICO DR CITY-ST-ZIP CITY-ST-ZIP Longboat key FL 34228 VD TITLE TITLE Change ☐ Addition Delete NAME PTAK, TED NAME DTAK, DR. TED STREET ADDRESS STREET ADDRESS 101 NORTH DR. 107 NORTH DR CITY-ST-ZIP ISLINGTON, ONT. CANADA M3N 2V6 CITY-ST-7IP ISLINGTON ON M3-N2V6 **Change** ☐ Addition TITLE ☐ Delete TITLE McDonald, LANA NAME MCDONALD, LANA NAME 1415 Kyneton Rd. STREET ADDRESS STREET ADDRESS **52 TUNBRIDGE RD** Villanova, PA 19085 CITY-ST-ZIP CITY-ST-ZIP HAVERFORD PA 19041 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.