2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761188 1. Entity Name					Apr 09, 2001 8:00 am Secretary of State					
LONGB	OAT COVE CONDOMINIUM A			04-09-2001 90						
Principal Place of Business Mailing Address					1					
5500 MARINA DR. HOLMES BEACH FL 34217		2055 WOOD STREET								
		202 Sarasota FL 34237				000432	197			
2. Principal I	Place of Business	3 Mailing Address	3. Mailing Address			00432				
		4983 Ringwood Meadow				:010 B118) (B01 10E1 18101	# #		JII 06015 1091	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State SARASOTA, F-		4. FEI Number	59-2263233		→	plied For t Applicable		
Zip	Country	Zip	Country	_	5. Certificate of	of Status Desired		.75 Add	itional	
	6. Name and Address of Current R	34235 egistered Agent	u s.		7. Name and a	Address of New Reg		Required Int	t	
		N	tame Address (I	Managem	ent Inc					
	Y & ACCOUNTING MANAGEMENT		Street Address (P.S. Box Number is Not Acceptable)				
	od street ste 202 Fa Fl 34237		14.5				-			
			C	S ARAC	Se TA	<u> </u>	FL	Zip Code 342	35	
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 MELVIN RUBIN 4-1-01										
SIGNATURE KUIN RVBIN SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	FILE NOW:			Make	Chaola Day					
FEE IS \$61.25				O May Be I to Fees		Check Pay artment of				
10.	OFFICERS AND DIRE	ECTORS	11.		L ADDITIONS/CHA	NGES TO OFFICERS	AND DIREC	TORS IN	10	
TITLE NAME	SD Wirtz, Sunny	Delete	TITLE NAME	DV	. 50		_	Change	★ Addition	
STREET ADDRESS	5471 GULF OF MEXICO #203		STREET AC			Mexico Dr.				
CITY-ST-ZIP	LONGBOAT KEY FL PD	Delete	CITY-ST-Z	D Lond	GBOAT K	(EY, FL 34	1228	Change	Addition	
NAME	HULL, MURPHY	Delete /*	NAME	Bow	les Je-	Mexico D			Addition (
STREET ADDRESS CITY-ST-ZIP	7 SULGRAVE CRESCENT		STREET AD					, —		
TITLE	WILLOWDALE ON M2-11W5 SD	Delete	TITLE			ey, FL 34	- Charles	Change	Addition	
NAME	CLIPPENGER, JOAN	Doloio .	NAME	Clip	penger, J	OAN Mexico Dri :	ہے اک کا ک ا≟			
STREET ADDRESS CITY-ST-ZIP	27 SPRING HILL DR CINCINNATI OH 45227		STREET AD	DRESS 548	1654404	FL 3422	.0			
TITLE	D		TITLE		about ney	, rc 3+2-		Change	Addition	
NAME	MISKEN, ESAU		NAME							
STREET ADDRESS CITY-ST-ZIP	5481 GULF OF MEXICO DR LONGBOAT KEY FL 34228		STREET AD							
TITLE	D D		TITLE	PD			5 x?	Change	Addition	
NAME	PTAK, TED		NAME	PTA	K, THEOD		تنكي	av		
STREET ADDRESS CITY-ST-ZIP	107 NORTH DR		STREET AD		とってナナン		JA ~*	MOA	4R5	
TITLE	ISLINGTON ON M3-N2V6	⊠ Delete	TITLE		THE NOTE OF	ntario CAR			Addition	
NAME	MCDONALD, LANA	RT Delete	NAME	Dea	n, Aaul		_			
STREET ADDRESS	52 TUNBRIDGE RD		STREET AD	DRESS 548	\$1 Gu/\$ •	& Wexico -	D/ #	- 208 -	ļ	
CITY-ST-ZIP	HAVERFORD PA 19041		CITY-ST-Z	LON	4 BOAT 1	KEY, FL	3422	<u> 5</u>		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME (ESIGNING OFFICER OR DIRECTOR)

Date

Date

Date