2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
05-09-2002 90011 040 ****61.25

DOCUMENT # 761188

1. Entity Name

LONGBOAT COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5500 MARINA DR. HOLMES BEACH FL 34217	4983 RINGWOOD MEADOW SARASOTA FL 34235

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4983 Ringwood Meadow	4983 RINGWOOD MEADOW
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA FL	City & State: SARASOTA FL
Zip: FL / Country: USA	Zip: 34235 / Country: USA

4. FEI Number: 59-2263233 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. ~~Name and Address of New Registered Agent~~ spelling change
PAM MANAGEMENT INC 4983 RINGWOOD MEADOW SARASOTA FL 34235	Name: PAM Management, Inc Street Address (P.O. Box Number is Not Acceptable): 4983 Ringwood Meadow City: SARASOTA **FL** Zip Code: 34235

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 _____ DATE 3/15/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV EMERSON, THOMAS 5481 GULF OF MEXICO DR #405 LONGBOAT KEY FL 34228	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEENAN, JOHN 5461 GULF of MEXICO DR. #201 LONGBOAT KEY, FL 34228	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BOWLES, JERRY 5481 GULF OF MEXICO DR #310 LONGBOAT KEY FL 34228	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CLIPPENGER, JOAN 5481 GULF OF MEXICO DR #210 LONGBOAT KEY FL 34228	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MISKEN, ESAU 5481 GULF OF MEXICO DR LONGBOAT KEY FL 34228	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MISHKEN, ESAU 5481 GULF of MEXICO DR. #207 LONGBOAT KEY FL 34228	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PTAK, TED 107 NORTH DR ISLINGTON ON M3-N2V6	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEAN, PAUL 5481 GULF OF MEXICO DR #208 LONGBOAT KEY FL 34228	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Joan E Clippinger 4/18/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #