2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State
02-11-2004 90017 021 ****61.25

DOCUMENT # 761188

1. Entity Name
LONGBOAT COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4400 El CONQUISTADOR PKWY #1 STE #1 BRADENTON, FL 34210	4400 El CONQUISTADOR PKWY #1 STE #1 BRADENTON, FL 34210

02042004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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
PAM-MANAGEMENT-INC 4983 RINGWOOD MEADOW SARASOTA, FL 34235	Name: Harmony management Street Address (P.O. Box Number is Not Acceptable): 4400 EL Conquistador City: Bradenton FL Zip Code: 34210

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: John Hegarty 2-9-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NEENAN, JOHN 5461 GULF OF MEXICO DR . #201 LONGBOAT KEY, FL 34228	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT Dan woods 1944 Newbury Park Rd Chesterfield mo 63005 — ☐ 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	D Fred Paulson 5461 Gulf of mexico Dr #403 Longboat Key 34228 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CLIPPENGER, JOAN 5481 GULF OF MEXICO DR #210 LONGBOAT KEY, FL 34228	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D A L miller 919 Guiscndo DeAvila ~~BF~~ Tampa FL ~~342~~ 33603 — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEHER, ROBERT 5481 GULF OF MEXICO AR LONGBOAT KEY, FL 34228	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCARDINO, FRANK 1008 REGENCY CIR PENLLYN, PA 19422	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP — ☒ 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

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 Clippenger 2-9-04 758-9[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

attachment
4401034b

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

Received By Harmony
FEB 09 04

February 4, 2004

LONGBOAT COVE CONDOMINIUM ASSOCIATION, INC.
4400 EI CONQUISTADOR PKWY #1
STE #1
BRADENTON, FL 34210

SUBJECT: LONGBOAT COVE CONDOMINIUM ASSOCIATION, INC.
Ref. Number: 761188

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

An officer or director must sign the report.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott
Document Specialist

Letter Number: 004A00007530