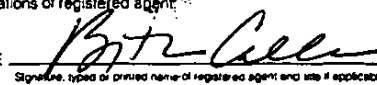
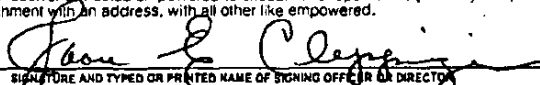


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

37.

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90050 021 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                 |                                                                                                                                                       |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # 761188</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 |                                                                      |                                                                   |
| 1. Entity Name<br>LONGBOAT COVE CONDOMINIUM ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |                                                                                                                                                       |                                                                   |
| Principal Place of Business<br>4400 EL CONQUISTADOR PKWY #1<br>STE #1<br>BRADENTON, FL 34210                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                 | Mailing Address<br>4400 EL CONQUISTADOR PKWY #1<br>STE #1<br>BRADENTON, FL 34210                                                                      |                                                                   |
| 2. Principal Place of Business<br>595 Bay Isles Road<br>Suite, Apt. #, etc.<br>Ste. 200<br>City & State<br>Longboat Key, FL<br>Zip<br>34228<br>County<br>USA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                 | 3. Mailing Address<br>595 Bay Isles Road<br>Suite, Apt. #, etc.<br>Ste 200<br>City & State<br>Longboat Key, FL<br>Zip<br>34228<br>County<br>USA       |                                                                   |
| 4. FEI Number<br>59-2263233                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                 | Applied For<br>Not Applicable                                                                                                                         |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                 | \$8.75 Additional Fee Required                                                                                                                        |                                                                   |
| 6. Name and Address of Current Registered Agent<br>HARMONY MANAGEMENT<br>4400 EL CONQUESTADOR<br>BRADENTON, FL 34210                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                 | 7. Name and Address of New Registered Agent<br>Beth Callans Management Corp.<br>595 Bay Isles Road Suite #200<br>Longboat Key, FL 34228<br>L Zip Code |                                                                   |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                 | DATE 3/27/06                                                                                                                                          |                                                                   |
| Filing Fee is \$81.25<br>Due by May 1, 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                                       |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                 |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DT<br>WOODS, DAN<br>1944 NEWBURY PORT RD<br>CHESTERFIELD, MO 63005 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SD<br>BOWLES, JERRY<br>5481 GULF OF MEXICO DR #310<br>LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PD<br>CLIPPENGER, JOAN<br>5481 GULF OF MEXICO DR #210<br>LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D<br>MILLER, AL<br>919 GUISENDO DE AVILE<br>TAMPA, FL 33613 <input type="checkbox"/> Delete                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DVP<br>SCARDINO, FRANT<br>1008 REGENCY CIR<br>PENLLYN, PA 19422 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D<br>PAULSON, FRED<br>5461 GULF OF MEXICO DR. #403<br>LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 | DATE 3/1/06 941 387 3443                                                                                                                              |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                 | Date Signature Phone #                                                                                                                                |                                                                   |