# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 31, 2006 8:00 am**
**Secretary of State**
03-21-2006 90050 021 ****61.25

DOCUMENT # 761188

1. Entity Name
LONGBOAT COVE CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4400 El CONQUISTADOR PKWY #1<br>STE #1<br>BRADENTON, FL 34210 | 4400 El CONQUISTADOR PKWY #1<br>STE #1<br>BRADENTON, FL 34210 |

RECEIVED

01232006 Chg-NP CR2E037 (11/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 595 Bay Isles Road | 595 Bay Isles Road |
| Suite, Apt. #, etc.: Ste. 200 | Suite, Apt. #, etc.: Ste 200 |
| City & State: Longboat Key, FL | City & State: Longboat Key, FL |
| Zip: 34228 Country: USA | Zip: 34228 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 |
|---|---|
| HARMONY MANAGEMENT<br>4400 EL CONQUESTADOR<br>BRADENTON, FL 34210 | 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: Beth Callans 3/21/06
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, 2006**

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 | DT<br>WOODS, DAN<br>1944 NEWBURY PORT RD<br>CHESTERFIELD, MO 63005 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>BOWLES, JERRY<br>5481 GULF OF MEXICO DR #310<br>LONGBOAT KEY, FL 34228 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>CLIPPENGER, JOAN<br>5481 GULF OF MEXICO DR #210<br>LONGBOAT KEY, FL 34228 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MILLER, AL<br>919 GUISENDO DE AVILE<br>TAMPA, FL 33613 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>SCARDINO, FRANT<br>1008 REGENCY CIR<br>PENLLYN, PA 19422 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PAULSON, FRED<br>5461 GULF OF MEXICO DR. #403<br>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 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:** Joan L Clippenger 3/1/06 941 387 3443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #