2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State
04-19-2007 90412 019 ****61.25

DOCUMENT # 761188

1. Entity Name
LONGBOAT COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
595 BAY ISLES RD STE 200 LONGBOAT KEY, FL 34228	595 BAY ISLES RD STE 200 LONGBOAT KEY, FL 34228

03132007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5461 GULF OF MEXICO DR	PO BOX 1607
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LONGBOAT KEY FL	City & State: HOLMES BEACH FL
Zip: 34228 Country: USA	Zip: 34218 Country: MANATEE

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

BETH CALLANS MGMT CORP.
595 BY ISLES RD. STE 200
LONGBOAT KEY, FL 34228

7. Name and Address of New Registered Agent

Name: HOLMES BEACH PROPERTY MGMT
Street Address (P.O. Box Number is Not Acceptable): TOM CONDRON
6400 MANATEE AVE W STE G
City: BRADENTON FL Zip Code: 34209

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: Tom Condron 4/10/07
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, 2007

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 WOODS, DAN 1944 NEWBURY PORT RD CHESTERFIELD, MO 63005	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT LANA Mc DONALD 1415 KYNETON ROAD VILLANOVA PA 19085	☐ 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	SECRETARY KIM RUTHVEN PO BOX 2420 LAKELAND FL 33808	☐ 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	DIRECTOR	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, AL 919 GUISENDO DE AVILE TAMPA, FL 33613	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER JOHN NEENAN 460 S. NORTHWEST HWY #211 PARK RIDGE IL 60068	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP SCARDINO, FRANT 1008 REGENCY CIR PENLLYN, PA 19422	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAULSON, FRED 5461 GULF OF MEXICO DR. #403 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: John Neenan 4-12-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #