2000 UNIFORM BUSINESS REPORT (UBR)  $\mathbf{FIL}\mathbf{ED}$ Mar 10, 2003 8:00 am DOCUMENT # 76/188 **Secretary of State** Longboat Cove Condominium Association Inc 03-10-2003 90177 010 \*\*\*\*61.25 Principal Place of Business
4400 El Conquistador PKwy#1
Bradenton FC 34210 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For Not Applicable Zip Country \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HARMONY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 4400 EL CONQUISTADOR PKWY BRADENTON, FL 34210 City 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TITLE NEENAN, John NAME 5461 Gulf of Mexico Dr 4201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP amboat Keu FL CITY-ST-ZIP TITLE ☐ Change ☐ Addition BONLES NAME NAME 481 Bulf of Mexico Dr#310 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE CHPPENGER Joan PD Change Change ☐ Addition NAME NAME 5481 GUIF OF Mexico Dr#210 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Longboat Key Addition TITLE ☐ Change Gulf of Mexico Ar NAME NAME Mexicolor #207 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ongboot Key FL 34228 CITY-ST-ZIP TITLE TITLE Addition | CARDINO Frant NAME NAME STREET ADDRESS North Dr STREET ADORESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Change ☐ Addition NAME NAME 5481 Gulf of Mexicol STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

2-26-03

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE