


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # N05000004165 1. Entity Name NEPTUNE ON LONGBOAT KEY CONDOMINIUM ASSOCIATION, INC.	
--------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 2850 GULF OF MEXICO LONGBOAT KEY, FL 34228	Mailing Address POB 15684 SARASOTA, FL 34277
------------------------------------------------------------------------------	----------------------------------------------------

DO NOT WRITE IN THIS SPACE



03192008 No Chg-NP CR2E037 (4/06)

4. FEI Number 30-0312950	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZABIK, DIANE
1060 BECKLEY CIR
VENICE, FL 34292

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ZABIK, DIANE 1060 BECKLEY CIR VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDT TOPJUN, COLBY 1747 RIVIERA CIR SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSS, JESSICA 800 OAK BEND WAY SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000866435
04/08/08-80028-019 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Diane Zabik, President*

3-19-2008

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #