

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
2007 FEB -5 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000011882 1. Entity Name THE BEACH AT LONGBOAT KEY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 10 FREE FERRY HEIGHTS FT SMITH, AK 72903-2418			Mailing Address 10 FREE FERRY HEIGHTS FT SMITH, AK 72903-2418		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01112007 REIN-NP CR2E099 (1/07)	
4. FEI Number				☒ 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		
ROSENBERG, DAVID H 6151 LAKE OSPREY DR THIRD FL STE 338 SARASOTA, FL 34240			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 2/2/07 Signature: typed or printed name of registered agent and where applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		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	D PRIAKOS, WILLIAM H SR. 10 FREE FERRY HEIGHTS FT SMITH, AK 729032418	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PRIAKOS, WILLIAM H JR. 10 FREE FERRY HEIGHTS FT SMITH, AK 729032418	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PRIAKOS, JASON 10 FREE FERRY HEIGHTS FT SMITH, AK 729032418	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
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.			REINSTATEMENT		
SIGNATURE:			1-15-07 479-461-8368		