

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90056 026 ****61.25

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**

40006333



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

4030 GULF OF MEXICO DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102008

Chg-NP

CR2E037 (12/06)

City & State

City & State
LONGBOAT KEY, FL.

4. FEI Number

APPLIED FOR 90-0296501

Applied For

Not Applicable

Zip

Country

SARASOTA

Zip

34228

Country

MANATEE

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROSENBERG, DAVID H
6151 LAKE OSPREY DR THIRD FL STE 338
SARASOTA, FL 34240**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
PRIAKOS, WILLIAM H SR.
10 FREE FERRY HEIGHTS
FT SMITH, AK 729032418**

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
PRIAKOS, WILLIAM H JR.
10 FREE FERRY HEIGHTS
FT SMITH, AK 729032418**

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
PRIAKOS, JASON
10 FREE FERRY HEIGHTS
FT SMITH, AK 729032418**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
**P-CHARLES L STARR
4030 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
**VP-MERRILL MARTIN
4030 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
**ST-DENNIS GIRARD
4030 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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 assignee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

Charles L. Starr 1/17/08 941-383-9505