

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 715425 (5)

1. Corporation Name

LONGBOAT ARMS ASSOCIATION, INC.



Principal Place of Business

% CLIFF LAMOREAUX & ASSOC., INC.  
2414 26TH STREET, WEST  
BRADENTON FL 34205

Mailing Address

% CLIFF LAMOREAUX & ASSOC., INC.  
2414 26TH STREET, WEST  
BRADENTON FL 34205

3. Date Incorporated or Qualified

10/17/1968

3a. Date of Last Report

04/24/1995

4. FEI Number

59-1417083

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 3330 Gulf of Mexico Dr.

26 3330 Gulf of Mexico Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 203D

27 203D

City & State

City & State

23 Longboat Key, FL

28 Longboat Key, FL

Zip

Country

Zip

Country

24 34288-2820 25 US

29 34288-2820 30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLIFF LAMOREAUX & ASSOCIATES, INC.  
2414 26TH STREET, WEST  
BRADENTON FL 34205

81 Name

Richard Lochner

82 Street Address (P.O. Box Number is Not Acceptable)

3330 Gulf of Mexico Dr.

83

203D

84 City

Longboat Key

FL

85 Zip Code

34288

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Longboat Arms Association, Inc. Richard Lochner Treasurer 1-25-96

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

(NOTE: Registered agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
EAGLETON, JOHN R.  
STREET ADDRESS 3300 GULF MEXICO DR 302C  
CITY-ST-ZIP LONGBOAT KEY FL

TITLE ☐ DELETE

NAME VD  
BUSHMAN, DORIS  
STREET ADDRESS 3300 GULF MEXICO DR 203C  
CITY-ST-ZIP LONGBOAT KEY FL

TITLE ☐ DELETE

NAME DT  
LOCHNER, RICHARD  
STREET ADDRESS 3330 GULF OF MEXICO DR #203D  
CITY-ST-ZIP LONGBOAT KEY FL

TITLE ☒ DELETE

NAME D  
REINERT, IRENE  
STREET ADDRESS 3330 GULF OF MEXICO DR  
CITY-ST-ZIP LONGBOAT KEY FL

TITLE ☐ DELETE

NAME SD  
CAGEORGE, MARY  
STREET ADDRESS 3300 GULF MEXICO DR 107C  
CITY-ST-ZIP LONGBOAT KEY FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard Lochner Richard Lochner 1-25-96 387 9985

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)