## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT STATE

Sandra B. Mort

Secretary of Sta DIVISION OF CORPOR IONS

1997 DOCUMENT #
1. Corporation Name

(9)

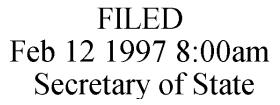
## ISLANDER CLUB OF LONGBOAT CONDOMINIUM ASSOCIATI

2295 GULF OF MEXICO DRIVE

Principal Place of Business

Mailing Address

2295 GULF OF MEXICO DRIVE





LONGBOAT KEY FL 34228-3220		LONGBOAT KEY FL 34228-3258		l									
					÷	3.	Date Incorporated or Qualified 08/31/1970	3a, Da	ate of La 04/00				
2. Principal Pl	ace of Business	2a. Mailing Address		1		4.	FEI Number	,		Apı	plied For		
21		26					59-1361839			Not	Applicable		
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.		Į.		5.	Certificate of Status Desired		,		dditional		
City & State	<u> </u>	City & State				-			*************		quired		
23	,	28				6.	Election Campaign Financing Trust Fund Contribution				May Be		
Zip	Country	Zip	Cou	intry	<del></del>	В.	This corporation has liability for i						
24	25	29	30			"	Florida Statutes	Yes [	] No	, o. o.	100.002,		
	9. Name and Address of Curren	t Registered Agent				10.	Name and Address of New Re	jistered .	Agent				
				81	Name								
	r, Peter					82 Street Address (P.O. Box Number is Not Acceptable)							
	JLF OF MEXICO DR				<del> </del>		·						
LONGBO	DAT KEY FL 34228			83									
				84	City				85	Zip C	ode		
11 Pureuant t	a the provisions of Sections 617 050	2 and 617 1508 Florida Statu	ton the e	DO: 10	named cor	noratio	n culprite this statement for the n	FL		ine lte	zo minto en el		
office or re	o the provisions of Sections 617.0502 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was	authorize	d by	the corpora	ation's b	poard of directors. I hereby accep	t the app	ointmer	ng its ntas r	egistered		
	m ramiliar with, and accept the obliga	itions or, Section 617.0503, Fi	orioa Sta	tutes	i.								
SIGNATURE _	Signature typed or printed name of registered agei	nt and little if applicable. (NO	TE: Registere	d Age	nt signature requi	ired when	reinstating)	DATE					
12.	OFFICERS AND		13.			7	ADDITIONS/CHANGES TO OFFIC	ERS AND	DIREC	TOR	3 IN 12		
TITLE	P	DELETE	1.1 (1	TLE	1	Pres	ident		Cha	nge	X Addition		
NAME	DALGLISH, F.W.		1.2 N	AME	I	Robe	rt Baum						
STREET ADDRESS	2301 GULF OF MEXICO DR.		1.3 5	TREET	ADDRESS 2	2301	Gulf of Mexico Dr						
CITY-ST-ZIP	LONGBOAT KEY FL 34228	·····	1.40	ITY - S	r-zip j	Long	boat Key, FL 3422	8					
TITLE	V	▼ DELETE	2.1 (	TLE	1	Vice	President		Cha	nge	Addition		
NAME	LUCOW, MILTON		22 N	AME		Stan	Roy						
STREET ADDRESS	2301 GULF OF MEXICO DR.		2.3 \$	TREET	ADDRESS 2	2301	Gulf of Mexico Dr	· •					
CITY - ST - ZIP	LONGBOAT KEY FL 34228			2.4 CITY-ST-ZIP			boat Key, FL 3422	8	-		<b>157</b> 1		
TITLE	\$	☐ DELETE	3.1 TI		1	Dire	ctor		☐ Cha	nge	X Addition		
NAME	KANNER, RICHARD		3.2 N			Mill	ie Finkel						
STREE1 ADDRESS	2301 GULF OF MEXICO DR.				ADDRESS	2301	Gulf of Mexico Dr	•					
CITY-S1-ZIP TITLE	LONGBOAT KEY, FL 00000 T	DELETE	3.4. C		T-ZIP I	Long'	boat Key, FL 3422	8	Cha	2000	Addition		
NAME	AGELOFF, LESTER	CT DECENT	1	IAME .		_			0.8	· ige	אוויייטע ווייי		
STREET ADDRESS	2301 GULF OF MEXICO DR.												
CITY-ST-ZIP	LONGBOAT KEY, FL 00000				ADDRESS .								
TITLE	D	DELETE	5.1 T	ITY+S ITLE	1 - EIF				Cha	nae	Addition		
NAME	STELLING, OLIVE	7₹	5.2 N				•						
STREET ADDRESS	2301 GULF OF MEXICO DR.				ADDRESS								
CITY-ST-ZIP	LONGBOAT KEY, FL 00000			ny-s									
TITLE	D	DELETE	6.1 TI						☐ Cha	inge	Addition		
NAME	ROSS, BERNIE		62 N							•			
STREET ADDRESS	2301 GULF OF MEXICO DR.				ADDRESS								
CITY-ST-ZIP	LONGBOAT KEY, FL 00000		6.4 C				4 9						
			- V V		حبب المساب								

14. I do 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 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 or changed, or op an attachment with an address.

SIGNATURE:

2/5/97

941-383-1766

SIGNATURE: