

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727128

1. Entity Name

LONGBOAT BEACH HOUSE CONDOMINIUM ASSOCIATION, IN

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90062 043 *****61.25

007611

Principal Place of Business Mailing Address
2055 WOOD ST STE 202 2055 WOOD ST STE 202
SARASOTA FL 34237 SARASOTA FL 34237

C0043308



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
4983 Ringwood Meadow 4983 Ringwood Meadow
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
SARASOTA FL SARASOTA FL
Zip Country Zip Country
34235 USA 34235 USA

4. FEI Number 59-1839134 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PROP AND ACCTNG MNGMT, INC
2055 WOOD ST STE 202
SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name PAMI Management Inc
Street Address (P.O. Box Number is Not Acceptable)
4983 Ringwood Meadow
City SARASOTA FL Zip Code 34235

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.

SIGNATURE MELVIN RYAN

4-1-01

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	HERTEL, JOHN	
STREET ADDRESS	4311 GULF OF MEX DR 202	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SMIGIELSKI, KENNETH	
STREET ADDRESS	4311 GULF OF MEXICO DR. #403	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCHARR, JEAN	
STREET ADDRESS	4311 GULF OF MEX DR 203	
CITY-ST-ZIP	LONGBOAT KEY, FL 00000 34228	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRODER, EDWARD	
STREET ADDRESS	4311 GULF OF MEXICO DR #602	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RICHARDSON, EUGENE	
STREET ADDRESS	4311 GULF OF MEXICO DR. #501	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANILL, Vera	
STREET ADDRESS	4311 Gulf of Mexico Dr. #603	
CITY-ST-ZIP	Longboat Key, FL 34228	

12. I 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 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vera Canill

Date

Daytime Phone #

CR2E037 (10/00)