


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90051 048 \*\*\*\*61.25

<b>DOCUMENT # 727128</b> 1. Entity Name <b>LONGBOAT BEACH HOUSE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>5041 RINGWOOD MEADOW SUITE 2 SARASOTA, FL 34235</b>			Mailing Address <b>5041 RINGWOOD MEADOW SUITE 2 SARASOTA, FL 34235</b>		
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	4. FEI Number <b>59-1839134</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>PAMI MANAGEMENT, INC. 5041 RINGWOOD MEADOW SUITE 2 SARASOTA, FL 34235</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAVONE, AL		NAME	TOUGHTON, DAVID	
STREET ADDRESS	4311 GULF OF MEXICO DR. #501		STREET ADDRESS	4311 GULF OF MEXICO DR., APT 601	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAHILL, VERA		NAME	NEUHAUS, DALE	
STREET ADDRESS	4311 GULF OF MEXICO DR. #603		STREET ADDRESS	4311 GULF OF MEXICO DR., APT 302	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	D	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRODER, MARLYN		NAME	BRODER, MARILYN	
STREET ADDRESS	4311 GULF OF MEXICO DR APT 303		STREET ADDRESS	4311 GULF OF MEXICO DR., APT. 303	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	DY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMIGIELSKI, MARY		NAME	SMIGIELSKI, MARY	
STREET ADDRESS	4311 GULF OF MEXICO DR. #403		STREET ADDRESS	4311 GULF OF MEXICO DR., APT. 403	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE	D	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARRAS, JOHN		NAME	DARRAS, JOHN	
STREET ADDRESS	4311 GULF OF MEXICO DR APT 304		STREET ADDRESS	4311 GULF OF MEXICO DR., APT 304	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-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 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: <u>Mary J. Smigielski</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/26/07</u> Daytime Phone #: <u>Vice-President</u>		