

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 715425

**Entity Name:** LONGBOAT ARMS ASSOCIATION, INC.**Current Principal Place of Business:**LONGBOAT ARMS ASSOCIATION., INC.  
3330 GULF OF MEXICO DR  
LONGBOAT KEY, FL 34228-2820**Current Mailing Address:**4134 GULF OF MEXICO DRIVE  
SUITE 203  
LONGBOAT KEY, FL 34228 US**FEI Number:** 59-1417083**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SITTIG, MARY K  
4134 GULF OF MEXICO DRIVE  
SUITE 203  
LONGBOAT KEY, FL 34228 US*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:** MARY SITTIG

01/07/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title T  
Name HALLWORTH, SUSAN  
Address 4134 GULF OF MEXICO DRIVE  
SUITE 203  
City-State-Zip: LONGBOAT KEY FL 34228

Title VP  
Name SITTIG, MARY K  
Address 4134 GULF OF MEXICO DRIVE  
SUITE 203  
City-State-Zip: LONGBOAT KEY FL 34228

Title D  
Name EAGLETON, JACK  
Address 4134 GULF OF MEXICO DRIVE  
SUITE 203  
City-State-Zip: LONGBOAT KEY FL 34228

Title P  
Name WEXLER, LOUIS  
Address 4134 GULF OF MEXICO DRIVE  
SUITE 203  
City-State-Zip: LONGBOAT KEY FL 34228

Title S  
Name LETOURNEAU, ELLEN  
Address 4134 GULF OF MEXICO DRIVE  
SUITE 203  
City-State-Zip: LONGBOAT KEY FL 34228

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARY K. SITTIG

VICE-PRESIDENT

01/07/2014

Electronic Signature of Signing Officer/Director Detail

Date