

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716009

Entity Name: LONGBOAT KEY TOWERS ASSOCIATION, INC.

Current Principal Place of Business:

601-603 LONGBOAT CLUB ROAD
LONGBOAT KEY, FL 34228

Current Mailing Address:

601-603 LONGBOAT CLUB ROAD
LONGBOAT KEY, FL 34228

FEI Number: 59-1311340

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOWTHER, CARMAN L
603 LONGBOAT CLUB ROAD
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name GREENE, ROSS
Address 256 SMOKERISE TRACE
City-State-Zip: PEACHTREE CITY GA 30269

Title DIRECTOR
Name ALMOND, STEVE
Address 110 BELLACREE ROAD
City-State-Zip: JOHNS CREEK GA 30097

Title DIRECTOR
Name HOROWITZ, BARBARA
Address 237 W. MONTGOMERY AVE.
 #3L
City-State-Zip: HAVERFORD PA 19041

Title VP, TREASURER
Name SNYDER, DAVID
Address 6785 KNOLLWOOD CIR. E.
City-State-Zip: WEST BLOOMFIELD MI 48322

Title SECRETARY
Name LICHTER, EVIE
Address 1155 23RD ST. NW APT. 8A
City-State-Zip: WASHINGTON DC 20037

Title DIRECTOR
Name GUARINO, THOMAS
Address 247 SCOTCHTOWN ROAD
City-State-Zip: GOSHEN NY 10924

Title DIRECTOR
Name WEAVER, JERRY
Address 9100 N. JUBILEE ROAD
City-State-Zip: BRIMFIELD IL 61517

Title DIRECTOR
Name TILLES, EVANS
Address 785 PARK AVENUE
City-State-Zip: NEW YORK NY 10021

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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: ROSS GREENE

PRESIDENT

04/01/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MOSER, NATHAN
Address 455 E 86TH STREET
 #2613
City-State-Zip: NEW YORK NY 10028