

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 716009

**FILED**  
**Apr 07, 2015**  
**Secretary of State**  
**CC7830697882**

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

Title            DIRECTOR  
Name            SERVAIS, JUERGAN  
Address        601 LONGBOAT CLUB ROAD  
                  UNIT 301S  
City-State-Zip: LONGBOAT KEY FL 34228

**Continues on page 2**

*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**

**04/07/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            GRANDONE, CASS  
Address        1771 DEVONSHIRE COURT  
City-State-Zip: LAKE FOREST IL 60045