## 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 723799** 

Entity Name: CLUB LONGBOAT BEACH AND TENNIS CONDOMINIUM

ASSOCIATION, INC.

**Current Principal Place of Business:** 

5055 GULF OF MEXICO DR LONGBOAT KEY, FL 34228

**Current Mailing Address:** 

C/O ASSOCIA GULF COAST 9887 4TH STREET NORTH SUITE 104 ST. PETERSBURG, FL 33702 US

FEI Number: 59-1431423 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASSOCIA GULF COAST C/O ASSOCIA GULF COAST 9887 4TH STREET NORTH SUITE 104 ST. PETERSBURG, FL 33702 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: ANNETTE BYRD 04/21/2023

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

**PRESIDENT** VΡ Title Title

Name DIGANI, JERRY Name KERNS, SHAWN

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST

9887 4TH STREET NORTH SUITE 104 9887 4TH STREET NORTH SUITE 104

City-State-Zip: ST. PETERSBURG FL 33702 City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR Title SECRETARY, DIRECTOR

MUSKOVITZ. MELVIN Name RILEY, JONATHAN Name

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST

9887 4TH STREET NORTH SUITE 104 9887 4TH STREET NORTH SUITE 104

ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33702 City-State-Zip: City-State-Zip:

Title **TREASURER** Title DIRECTOR Name JUDSON, HUNTER R Name DALY, JOHN

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST

9887 4TH STREET NORTH SUITE 104 9887 4TH STREET NORTH SUITE 104

City-State-Zip: ST. PETERSBURG FL 33702 City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR ROWE, RICH Name

C/O ASSOCIA GULF COAST Address

9887 4TH STREET NORTH SUITE 104

ST. PETERSBURG FL 33702 City-State-Zip:

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: DIGANI, JERRY **PRESIDENT** 04/21/2023

**FILED** Apr 21, 2023

Secretary of State

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