2024 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 DRIVE LONGBOAT KEY, FL 34228

Current Mailing Address:

5055 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228 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 N 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 01/03/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT Title VΡ

Name KERNS, SHAWN Name DALY, JOHN

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

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

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

Title **SECRETARY** Title **TREASURER**

DAVIS, IRENE Name JUDSON, HUNTER R Name

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

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 DIRECTOR Name MUSKOVITZ, MEL Name ROWE, RICH

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

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

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

Title DIRECTOR

Name MUNTAN, CHARLES

Address C/O ASSOCIA GULF COAST

9887 4TH STREET N SUITE 104

City-State-Zip: ST. PETERSBURG FL 33702

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: KERNS, SHAWN **PRESIDENT** 01/03/2024

Electronic Signature of Signing Officer/Director Detail

Date

FILED Jan 03, 2024

Secretary of State

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