

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 727128

**FILED  
Mar 28, 2022  
Secretary of State  
5678713094CC**

**Entity Name:** LONGBOAT BEACH HOUSE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O LIGHTHOUSE PROPERTY MANAGEMENT  
4134 GULF OF MEXICO DR. SUITE 203  
LONGBOAT KEY, FL 34228

**Current Mailing Address:**

C/O LIGHTHOUSE PROPERTY MANAGEMENT  
4134 GULF OF MEXICO DR. SUITE 203  
LONGBOAT KEY, FL 34228 US

**FEI Number: 59-1839134**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MCCLLENATHEN, CHAD M. P.A.  
783 SOUTH ORANGE AVENUE  
SUITE 210  
SARASOTA, FL 34236 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: CHAD MCCLLENATHEN**

**03/28/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name WEAVER, MARK  
Address C/O LIGHTHOUSE PROPERTY MANAGEMENT  
4134 GULF OF MEXICO DR. SUITE 203  
City-State-Zip: LONGBOAT KEY FL 34228

Title TREASURER  
Name BERMAN, MICHAEL  
Address C/O LIGHTHOUSE PROPERTY MANAGEMENT  
4134 GULF OF MEXICO DRIVE SUITE 203  
City-State-Zip: LONNGBOAT KEY FL 34228

Title SECRETARY  
Name DECKER, MICHAEL  
Address C/O LIGHTHOUSE PROPERTY MANAGEMENT  
4134 GULF OF MEXICO DR. SUITE 203  
City-State-Zip: LONGBOAT KEY FL 34228

Title PRESIDENT  
Name BEA, VITA  
Address C/O LIGHTHOUSE PROPERTY MANAGEMENT  
4134 GULF OF MEXICO DRIVE SUITE 203  
City-State-Zip: LONNGBOAT KEY FL 34228

Title DIRECTOR  
Name PAVONE, MICHAEL  
Address C/O LIGHTHOUSE PROPERTY MANAGEMENT  
4134 GULF OF MEXICO DR. 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: VITA BEA**

**PRESIDENT**

**03/28/2022**

Electronic Signature of Signing Officer/Director Detail

Date