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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 MAR 21 PM 2:44

DOCUMENT # 577715 (6)

1. Corporation Name
THE FIRST LONGBOAT KEY DEVELOPMENT COMPANY

Principal Place of Business	Mailing Address
1601 HARBOR CAY LANE LONGBOAT KEY FL 34228 US	1601 HARBOR CAY LANE LONGBOAT KEY FL 34228 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/05/1978
3a. Date of Last Report: 02/04/1994

2. Principal Place of Business
21 600 WESTON POINTE CT
Suite, Apt. #, etc. 22
City & State 23 LONGBOAT KEY FLORIDA
Zip 24 34228 Country 25 SARASOTA

2a. Mailing Address
26 600 WESTON POINTE CT
Suite, Apt. #, etc. 27
City & State 28 LONGBOAT KEY FLORIDA
Zip 29 34228 Country 30 SARASOTA

4. FEI Number: 06-0984945 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
PEPE, DAVID S
~~1601 HARBOR CAY LANE~~ 600 WESTON POINTE CT
LONGBOAT KEY FL 33548

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☐ Change ☐ Addition
NAME	PEPE, JOSEPH R.	1.2 NAME	
STREET ADDRESS	~~1601 HARBOR CAY LANE~~ 600 WESTON POINTE CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	PEPE, DAVID S.	2.2 NAME	
STREET ADDRESS	~~1601 HARBOR CAY LANE~~ 600 WESTON POINTE CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	PEPE, ANN S.	3.2 NAME	
STREET ADDRESS	~~1601 HARBOR CAY LANE~~ 600 WESTON POINTE CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with regard, or on an attachment with an address.

SIGNATURE: _____ 3/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0346841 CP