

FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 715224 (2)**

1. Corporation Name

**LONGBOAT KEY ART CENTER, INC.**



Principal Place of Business <b>6860 LONGBOAT DRIVE SOUTH LONGBOAT KEY FL 34228</b>	Mailing Address <b>6860 LONGBOAT DRIVE SOUTH LONGBOAT KEY FL 34228</b>
---	---

3. Date Incorporated or Qualified

**09/06/1968**

4. FEI Number

**59-1149579**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CUNNINGHAM, BETH  
4350 CHATHAM E104  
LONGBOAT KEY FL 34228**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SHERMAN, EDWIN</b>	
STREET ADDRESS	<b>2410 HARBOURSIDE DRIVE #141</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>ROSE SCOTT</b>	
STREET ADDRESS	<b>4310 FALMOUTH DRIVE, A-301</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	

TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>SIMPSON, PATRICIA</b>	
STREET ADDRESS	<b>BOX 91/800 LINDLEY</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	

TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>PARTRIDGE, JOAN</b>	
STREET ADDRESS	<b>5555 GULF OF MEXICO DRIVE #104</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>MONROE, ANDREW P.</b>	
STREET ADDRESS	<b>3130 BAYOU SOUND</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Weseley, Susan</b>	
1.3 STREET ADDRESS	<b>2425 Gulf of Mexico Drive #A-4</b>	
1.4 CITY-ST-ZIP	<b>Longboat Key FL 34228</b>	

2.1 TITLE	<b>S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Jones, Laurie</b>	
2.3 STREET ADDRESS	<b>P.O. Box 615 6465 Gulfside Road</b>	
2.4 CITY-ST-ZIP	<b>Longboat Key FL 34228</b>	

3.1 TITLE	<b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Johnson, Ronald</b>	
3.3 STREET ADDRESS	<b>6865 Hughes Street</b>	
3.4 CITY-ST-ZIP	<b>Longboat Key FL 34228</b>	

4.1 TITLE	<b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Planck, Kent</b>	
4.3 STREET ADDRESS	<b>1932 Harbourside Drive #244</b>	
4.4 CITY-ST-ZIP	<b>Longboat Key FL 34228</b>	

5.1 TITLE	<b>T/D/Tr</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Monroe, Andrew P.</b>	
5.3 STREET ADDRESS	<b>3130 Bayou Sound</b>	
5.4 CITY-ST-ZIP	<b>Longboat Key FL 34228</b>	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE: Beth Cunningham, Director**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/98 (941)383-2345**

Date

Daytime Phone # 0064775

CR2E037 (10/97)