ANNUAL REPORT
1995

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 715425 (5)

1. Corporation Name

LONGBOAT ARMS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% CLIFF LAMOREAUX & ASSOC., INC. 2414 26TH STREET, WEST BRADENTON FL 34205	% CLIFF LAMOREAUX & ASSOC., INC. 2414 26TH STREET, WEST BRADENTON FL 34205

3. Date Incorporated or Qualified: 10/17/1968
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-1417083 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CLIFF LAMOREAUX & ASSOCIATES, INC.
2414 26TH STREET, WEST
BRADENTON FL 34205

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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	EAGLETON, JOHN R.	1.2 NAME	
STREET ADDRESS	3300 GULF MEXICO DR 302C	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	BUSHMAN, DORIS	2.2 NAME	
STREET ADDRESS	3300 GULF MEXICO DR 203C	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	D/T ☒ Change ☐ Addition
NAME	BOOTH, ROBERT	3.2 NAME	Richard Lochner
STREET ADDRESS	3300 GULF OF MEXICO DR 305-C	3.3 STREET ADDRESS	3330 Gulf of Mexico Dr. 203-D
CITY-ST-ZIP	LONGBOAT KEY FL	3.4 CITY-ST-ZIP	~~Longboat Key, FL 34228~~
TITLE	DT	4.1 TITLE	D ☒ Change ☐ Addition
NAME	ABSTON, MARVIN	4.2 NAME	Irene Reinert
STREET ADDRESS	3300 GULF OF MEXICO DR 101-C	4.3 STREET ADDRESS	3330 Gulf of Mexico Dr.
CITY-ST-ZIP	LONGBOAT KEY FL	4.4 CITY-ST-ZIP	~~Longboat KEy, FL 34228~~
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	CAGEORGE, MARY	5.2 NAME	
STREET ADDRESS	3300 GULF MEXICO DR 107C	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John R. Eagleton 4-20-95 (813)383-5866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

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