

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715425

FILED  
Apr 24, 2012  
Secretary of State

**Entity Name:** LONGBOAT ARMS ASSOCIATION, INC.

**Current Principal Place of Business:**

LONGBOAT ARMS ASSOCIATION, INC.  
3330 GULF OF MEXICO DR #203-D  
LONGBOAT KEY, FL 342282820

**New Principal Place of Business:**

**Current Mailing Address:**

575 BAY ISLES RD. #200  
LONGBOAT KEY, FL 34228

**New Mailing Address:**

4134 GULF OF MEXICO DRIVE  
SUITE 203  
LONGBOAT KEY, FL 34228

**FEI Number:** 59-1417083

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BETH CALLANS MANAGEMENT  
575 BAY ISLES RD. #200  
LONGBOAT KEY, FL 34228 US

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

LIGHTHOUSE PROPERTY MANAGEMENT  
4134 GULF OF MEXICO DRIVE  
SUITE 203  
LONGBOAT KEY, FL 34228 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: WEXLER

04/24/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: HALLWORTH, SUSAN  
Address: 3330 GULF OF MEXICO DR C 303  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: P  
Name: WEXLER, LOUIS  
Address: 3330 GULF OF MEXICO DR #201C  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: VP  
Name: SITTIG, MARY K  
Address: 3228 GULF OF MEXICO DR #103C  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: S  
Name: LETOURNEAU, ELLEN  
Address: 3330 GULF OF MEXICO DR. #108C  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D  
Name: EAGLETON, JACK  
Address: 3220 GULF OF MEXICO DRIVE #302C  
City-St-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: WEXLER

P

04/24/2012

Electronic Signature of Signing Officer or Director

Date