

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90139 031 \*\*\*\*61.25

0067004

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 717126**

1. Corporation Name

**LONGBOAT BEACHCOMBER CONDOMINIUM ASSOCIATION, IN C.**

Principal Place of Business

2721 GULF OF MEXICO DR  
 LONGBOAT KEY FL 34228-3110

Mailing Address

2721 GULF OF MEXICO DR  
 LONGBOAT KEY FL 34228-3110



2. Principal Place of Business

21

2a. Mailing Address

26

3. Date Incorporated or Qualified

09/10/1969

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

4. FEI Number

59-1350264

Applied For

Not Applicable

City & State

23

City & State

28

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

Zip

Country

24

25

Zip

Country

29

30

6. Election Campaign Financing Trust Fund Contribution

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, CLYDE  
 2721 GULF OF MEXICO DR  
 \*\*\*\*\*  
 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 DP  DELETE

NAME WAKEFIELD, ROBERT M.  
 STREET ADDRESS 1811 S 24TH ST, UNIT TT  
 CITY-ST-ZIP QUINCY IL

1.1 TITLE  Change  Addition

TITLE VD  DELETE

NAME PANZERA, DAVID  
 STREET ADDRESS 309 W. RIDGE RD.  
 CITY-ST-ZIP JOLIET IL

2.1 TITLE  Change  Addition

TITLE SD  DELETE

NAME KOMNICK, JAMES  
 STREET ADDRESS 1307 CROWN CT.  
 CITY-ST-ZIP BLOOMINGTON IL

3.1 TITLE  Change  Addition

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  Change  Addition

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition

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, with all other like empowered.

SIGNATURE: *Robert M. Wakefield* **SIGNATURE REQUIRED** Robert M. Wakefield, Pres. 2-4-99 573-215-2283

CR2E037 (11/98)