

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 717126  
 1. Entity Name  
 LONGBOAT BEACHCOMBER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business      Mailing Address  
 2721 GULF OF MEXICO DR      2721 GULF OF MEXICO DR  
 LONGBOAT KEY, FL 34228-3110      LONGBOAT KEY, FL 34228-3110

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01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number      Applied For  
 59-1350264      Not Applicable

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

6. Name and Address of Current Registered Agent  
 MILLER, CLYDE  
 2721 GULF OF MEXICO DR.  
 LONGBOAT KEY, FL 34228

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WAKEFIELD, ROBERT M. 2804 24TH ST #8 ROCK ISLAND, IL 61201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PANZERA, DAVID 309 W. RIDGE RD. JOLIET, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOMNICK, JAMES 1307 CROWN CT. BLOOMINGTON, IL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/10/05-80051-004 61.25

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert M. Wakefield      *Robert M. Wakefield*      2-10-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #