


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 717507 (8)

1. Corporation Name
FIRST LONGBOAT CONDOMINIUM, INC.



Principal Place of Business 4454 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228-2404	Mailing Address 4454 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228-2404
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3. Date Incorporated or Qualified 11/06/1969	4. FEI Number 59-1390793	Applied For <input type="checkbox"/> Not Applicable
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BECKER, POLIAKOFF & STREITFELD, PA
630 S. ORANGE AVE., FL-3
SARASOTA FL 34230-6675**

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 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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSBORNE, ELEANOR	1.2 NAME	
STREET ADDRESS	4230 FALMOUTH DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HULYAK, BARBARA	2.2 NAME	
STREET ADDRESS	4360 CHATHAM DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLTON, WILLIAM	3.2 NAME	Gray Aubrey
STREET ADDRESS	4320 FALMOUTH DR	3.3 STREET ADDRESS	4360 Chatham Dr
CITY-ST-ZIP	LONGBOAT KEY FL	3.4 CITY-ST-ZIP	Longboat Key, FL 34228
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SABELLA, JOSEPH	4.2 NAME	Donna Bienbaum
STREET ADDRESS	4360 CHATHAM DRIVE	4.3 STREET ADDRESS	4360 Chatham Dr
CITY-ST-ZIP	LONGBOAT KEY FL	4.4 CITY-ST-ZIP	Longboat Key FL 34228
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENOBEL, HAROLD	5.2 NAME	
STREET ADDRESS	4330 FALMOUTH DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICE, GERRY	6.2 NAME	
STREET ADDRESS	4350 CHATHAM DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	6.4 CITY-ST-ZIP	

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-06/03/98-01010-021
***183.75

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.

CF2E037 (10/97)