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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 717507

1. Corporation Name
FIRST LONGBOAT CONDOMINIUM, INC.

* 286513 - 90061 - 7 *

Principal Place of Business	Mailing Address
4454 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228-2404	4454 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228-2404

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/06/1969
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1390793 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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 _____ 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	D	☒ DELETE	1.1 TITLE	D ☐ Change ☒ Addition
NAME	OSBORNE, ELEANOR		1.2 NAME	AL FISCHBEIN
STREET ADDRESS	4230 FALMOUTH DR		1.3 STREET ADDRESS	4320 FALMOUTH DR
CITY-ST-ZIP	LONGBOAT KEY FL		1.4 CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	P	☐ DELETE	2.1 TITLE	D ☐ Change ☒ Addition
NAME	HULY..K, BARBARA		2.2 NAME	PAT YOUNG
STREET ADDRESS	4360 CHATHAM DR.		2.3 STREET ADDRESS	4360 CHATHAM DR
CITY-ST-ZIP	LONGBOAT KEY FL		2.4 CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	VP	☐ DELETE	3.1 TITLE	D ☐ Change ☒ Addition
NAME	AUBRY, GARY		3.2 NAME	BOB TWYMAN
STREET ADDRESS	4360 CHATHAM DRIVE		3.3 STREET ADDRESS	4340 FALMOUTH DR
CITY-ST-ZIP	LONGBOAT KEY FL 34228		3.4 CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	S	☐ DELETE	4.1 TITLE	D ☐ Change ☒ Addition
NAME	BIRNBAUM, DONNA		4.2 NAME	HANK AIRTH
STREET ADDRESS	4360 CHATHAM DRIVE		4.3 STREET ADDRESS	4320 FALMOUTH DR
CITY-ST-ZIP	LONGBOAT KEY FL 34228		4.4 CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	D	☒ DELETE	5.1 TITLE	☐ Change ☐ 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	☒ DELETE	6.1 TITLE	☐ Change ☐ 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	

CR2E037 (11/98)

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 G. Twyman 3-31-99 941-383-0364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #