ANNUAL REPORT
1995

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:11

DOCUMENT # 717743 (9)

1. Corporation Name
SECOND LONGBOAT CONDOMINIUM, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1969
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-1390793 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
21	26	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BECKER, POLIAKOFF & STREITFELD, PA
630 S. ORANGE AVENUE, 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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, type 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	VD	11 TITLE	☐ Change ☐ Addition
NAME	ILLINGWORTH, DICK	12 NAME	
STREET ADDRESS	4410 EXETER DR	13 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY, FL 00000	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	LICHTENSTEIN, D.	22 NAME	
STREET ADDRESS	4420 EXETER DR.	23 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY, FL 00000	24 CITY-ST-ZIP	
TITLE	STOR	31 TITLE	☐ Change ☐ Addition
NAME	MES, RITA	32 NAME	
STREET ADDRESS	4440 EXETER DR.	33 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	WINTER, ROBERT	42 NAME	
STREET ADDRESS	4410 EXETER DR.	43 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY, FL 00000	44 CITY-ST-ZIP	
TITLE	PD	51 TITLE	☐ Change ☐ Addition
NAME	BOOKHEIM, ARNOLD	52 NAME	
STREET ADDRESS	4390 EXETER DR.	53 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY, FL 00000	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MCGRAW, WILLIAM	62 NAME	
STREET ADDRESS	4410 EXETER DR.	63 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY, FL 00000	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

DAVID
SIGNATURE: David Lichtenstein LICHTENSTEIN 4/4/95 383-3168
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010115