

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717743 (9)

1. Corporation Name

SECOND LONGBOAT CONDOMINIUM, INC.



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

3. Date Incorporated or Qualified: 12/16/1969
3a. Date of Last Report: 04/12/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1390793	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

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

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ILLINGWORTH, DICK	1.2 NAME	
STREET ADDRESS	4410 EXETER DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LICHTENSTEIN, D.	2.2 NAME	
STREET ADDRESS	4420 EXETER DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY, FL 00000	2.4 CITY-ST-ZIP	
TITLE	STOR	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MES, RITA	3.2 NAME	
STREET ADDRESS	4440 EXETER DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINTER, ROBERT	4.2 NAME	Manny Kurzberg
STREET ADDRESS	4410 EXETER DR.	4.3 STREET ADDRESS	4410 Exeter Dr
CITY-ST-ZIP	LONGBOAT KEY, FL 00000	4.4 CITY-ST-ZIP	Longboat Key Fl 34228
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOKHEIM, ARNOLD	5.2 NAME	
STREET ADDRESS	4390 EXETER DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGRAW, WILLIAM	6.2 NAME	Burt Goldblatt
STREET ADDRESS	4410 EXETER DR.	6.3 STREET ADDRESS	4330 Exeter Dr.
CITY-ST-ZIP	LONGBOAT KEY, FL 00000	6.4 CITY-ST-ZIP	Longboat Key, Fl 34228

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)(k), 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.

SIGNATURE: David Lichtenstein DAVID LICHTENSTEIN 1-25-96 388-2160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)