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Feb 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

01/31/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1390793

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

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 34230-6875

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 VD
NAME ILLINGWORTH, DICK
STREET ADDRESS 4410 EXETER DR
CITY-ST-ZIP LONGBOAT KEY, FL 00000☒ DELETE1.1 TITLE RE VD
1.2 NAME WILLIAM SHELTON
1.3 STREET ADDRESS 4440 EXETER DRI
1.4 CITY-ST-ZIP LONGBOAT KEY FL 34228☒ Change ☐ AdditionTITLE VD
NAME LICHTENSTEIN, D.
STREET ADDRESS 4420 EXETER DR.
CITY-ST-ZIP LONGBOAT KEY, FL 00000☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE STOR
NAME MES, RITA
STREET ADDRESS 4440 EXETER DR.
CITY-ST-ZIP LONGBOAT KEY FL☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE D
NAME KURZBERG, MANNY
STREET ADDRESS 4410 EXETER DR
CITY-ST-ZIP LONGBOAT KEY, FL 00000☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE PD
NAME BOOKHEIM, ARNOLD
STREET ADDRESS 4390 EXETER DR.
CITY-ST-ZIP LONGBOAT KEY, FL 00000☒ DELETE5.1 TITLE VD
5.2 NAME DONALD DRISCOLL
5.3 STREET ADDRESS 4440 EXETER DRIVE
5.4 CITY-ST-ZIP LONGBOAT KEY, FL 34228☒ Change ☐ AdditionTITLE D
NAME GOLDBLATT, BURT
STREET ADDRESS 4330 EXETER DR
CITY-ST-ZIP LONGBOAT KEY, FL 00000☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ Addition

14. I do 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)