


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 717743 (9)**

1. Corporation Name  
**SECOND LONGBOAT CONDOMINIUM, INC.**

Principal Place of Business <b>4454 GULF OF MEXICO DR LONGBOAT KEY FL 34228-2404</b>	Mailing Address <b>4454 GULF OF MEXICO DR LONGBOAT KEY FL 34228-2404</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified <b>12/16/1969</b>
4. FEI Number <b>59-1390793</b>
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>BECKER, POLIAKOFF &amp; STREITFELD, PA 630 S. ORANGE AVENUE, FL-3 SARASOTA FL 34230-6675</b>	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 <b>100002545421</b> 84 City <b>06/03/98 01010-02185</b> Zip Code <b>FL 34228</b>
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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		
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHELTON, WILLIAM	
STREET ADDRESS	4440 EXETER DR	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LICHTENSTEIN, D.	
STREET ADDRESS	4420 EXETER DR.	
CITY-ST-ZIP	LONGBOAT KEY, FL 00000	
TITLE	STOR	<input checked="" type="checkbox"/> DELETE
NAME	MES, RITA	
STREET ADDRESS	4440 EXETER DR.	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KURZBERG, MANNY	
STREET ADDRESS	4410 EXETER DR	
CITY-ST-ZIP	LONGBOAT KEY, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DRISCOLL, DONALD	
STREET ADDRESS	4440 EXETER DR	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDBLATT, BURT	
STREET ADDRESS	4330 EXETER DR	
CITY-ST-ZIP	LONGBOAT KEY, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	same	
1.3 STREET ADDRESS	"	
1.4 CITY-ST-ZIP	" 34228	
2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	same	
2.3 STREET ADDRESS	same	
2.4 CITY-ST-ZIP	same 34228	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Chuck Allen	
3.3 STREET ADDRESS	4330 Exeter Dr.	
3.4 CITY-ST-ZIP	Longboat Key, FL 34228	
4.1 TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	same	
4.3 STREET ADDRESS	"	
4.4 CITY-ST-ZIP	" 34228	
5.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Rita Stormes	
5.3 STREET ADDRESS	4440 Exeter Dr.	
5.4 CITY-ST-ZIP	Longboat Key FL 34228	
6.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	same	
6.3 STREET ADDRESS	"	
6.4 CITY-ST-ZIP	" 34228	

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.

SIGNATURE: *[Signature]* 4/28/98

CR2E037 (10/97)