

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # 721527

1. Entity Name
LONGBOAT KEY CASA DEL MAR, INC.



Principal Place of Business
**4621 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228**

Mailing Address
**4621 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228**



04242007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, D M
4621 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BUERGER, WILLIAM
STREET ADDRESS	4621 GULF OF MEXICO DR
CITY-ST-ZIP	LONGBOAT KEY, FL
TITLE	SD
NAME	DURAND, MONICA
STREET ADDRESS	72 TWIN SHORES BLVD
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	PD
NAME	ZEFELDT, JOHN
STREET ADDRESS	1845 GLENCOE STREET
CITY-ST-ZIP	WHEATON, IL 60187
TITLE	D
NAME	ZNORSKI, JOESPH
STREET ADDRESS	9 NORBERT DRIVE
CITY-ST-ZIP	HAWTHORN WOODS, IL 60047
TITLE	TD
NAME	BAUDON, ANDRE
STREET ADDRESS	82 STONY LANE
CITY-ST-ZIP	SHORT HILLS, NJ 07078
TITLE	VPD
NAME	SMITH, NANCY
STREET ADDRESS	29728 WATERBURY CIRCLE
CITY-ST-ZIP	PERRYSBURG, OH 43551

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IN THIS SPACE**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *DM Williams* **DM Williams**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-07 (941) 383-1716

Date

Daytime Phone #