

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721527

FILED
Jan 08, 2009
Secretary of State

Entity Name: LONGBOAT KEY CASA DEL MAR, INC.

Current Principal Place of Business:

4621 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228

New Principal Place of Business:

Current Mailing Address:

4621 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228

New Mailing Address:

FEI Number: 59-1443637

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BUERGER, WILLIAM,
Address: 4621 GULF OF MEXICO DR
City-St-Zip: LONGBOAT KEY, FL

Title: SD () Delete
Name: DURAND, MONICA
Address: 72 TWIN SHORES BLVD
City-St-Zip: LONGBOAT KEY, FL 34228

Title: PD () Delete
Name: ZEFELDT, JOHN
Address: 1845 GLENCOE STREET
City-St-Zip: WHEATON, IL 60187

Title: D () Delete
Name: ZNORSKI, JOESPH
Address: 9 NORBERT DRIVE
City-St-Zip: HAWTHORN WOODS, IL 60047

Title: TD () Delete
Name: BAUDON, ANDRE
Address: 82 STONY LANE
City-St-Zip: SHORT HILLS, NJ 07078

Title: VPD () Delete
Name: SMITH, NANCY
Address: 29728 WATERBURY CIRCLE
City-St-Zip: PERRYSBURG, OH 43551

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BUERGER, WILLIAM,
Address: 5511 83RD TERRACE
City-St-Zip: SARASOTA, FL 34243

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: D M WILLIAMS

RA

01/08/2009

Electronic Signature of Signing Officer or Director

Date