

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 25, 2004 8:00 am**  
**Secretary of State**

06-25-2004 90001 040 \*\*\*\*70.50

**DOCUMENT # 724226**

1. Entity Name  
**LONGBOAT KEY VOLUNTEER FIRE DEPARTMENT, INC**



Principal Place of Business  
**5490 GULF OF MEXICO DR  
LONGBOAT KEY, FL 34228 US**

Mailing Address  
**5490 GULF OF MEXICO DR  
LONGBOAT KEY, FL 34228 US**

4000701



06182004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1919020**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SIMON, LEWIS B  
5490 GULF OF MEXICO DR  
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 September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DE  
FEINGOLD, LEON  
1800 GULF OF MEXICO DRIVE #C-302  
LONGBOAT KEY, FL 34228**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
TYRRELL, MICHAEL T  
2309 CANASTA DRIVE  
BRADENTON BEACH, FL 34217**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ALTMAN, MATTHEW  
7235 49TH AVE. EAST  
SARASOTA, FL 34203**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ANNETT, MARGARET  
597 BAYVIEW DR.  
LONGBOAT KEY, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GOODRICH, JOHN Q. JR.  
597 BAYVIEW DR.  
LONGBOAT KEY, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
SIMON, LEWIS  
565 SANCTUARY DRIVE  
LONGBOAT KEY, FL 34228**

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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:** Margaret Annett Margaret Annett 6/19/04 941-383-6174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #