

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 724226 1. Entity Name LONGBOAT KEY VOLUNTEER FIRE DEPARTMENT, INC				 FILED 5 NOV 15 AM 10:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA <i>Maile 2 3-18-05</i>	
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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SIMON, LEWIS B 5490 GULF OF MEXICO DR LONGBOAT KEY, FL 34228				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> SIGNATURE <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> PRES (LEWIS B. SIMON) </div> <div style="width: 30%; text-align: right;"> 3-17-05 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DE FEINGOLD, LEON 1800 GULF OF MEXICO DRIVE #C-302 LONGBOAT KEY, FL 34228	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALVAREZ, JORGE 4550 47th St. West Bradenton, FL 34210
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TYRRELL, MICHAEL T 2309 CANASTA DRIVE BRADENTON BEACH, FL 34217	<input type="checkbox"/> Delete			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALTMAN, MATTHEW 7235 49TH AVE. EAST SARASOTA, FL 34203	<input type="checkbox"/> Delete			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANNETT, MARGARET 597 BAYVIEW DR. LONGBOAT KEY, FL	<input type="checkbox"/> Delete			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODRICH, JOHN Q. JR. 597 BAYVIEW DR. LONGBOAT KEY, FL	<input type="checkbox"/> Delete			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIMON, LEWIS 565 SANCTUARY DRIVE LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete			
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER, DIRECTOR OR TRUSTEE</small>			3-17-05 941/316-1944		

LONGBOAT KEY VOLUNTEER FIRE DEPARTMENT, INC.

5490 Gulf of Mexico Drive
Longboat Key, FL 34228
Ph: (941) 316-1944 Fax: (941) 316-1946

November 8, 2005

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

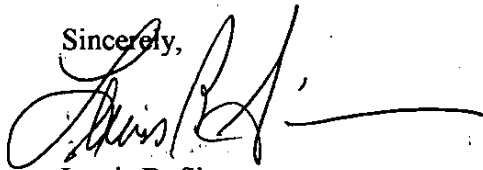
Re: **Document # 724226**

Gentlemen:

I recently received a Notice of Dissolution. I had sent in the Annual Report on 3/18/05 (a copy of report is attached). When I phoned your office today I spoke to *Marquitta*. She informed me that you had received the Annual Report but that a check for \$61.25 was not enclosed. Marquitta then told me that if I send a copy of the Report, a check for \$61.25 and this letter, that you would waive the reinstatement fee. Therefore, I am formally requesting that you waive the fee and reinstate our corporate status.

Thank you in advance for your correcting this situation.

Sincerely,



Lewis B. Simon
President