

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

**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**



02142008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1919020</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

**\$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 May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
**V**  
NAME  
**ALVAREZ, JORGE**  
STREET ADDRESS  
**4460 87TH STREET COURT WEST**  
CITY-ST-ZIP  
**BRADENTON, FL 34210**

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

TITLE  
**D**  
NAME  
**ALTMAN, MATTHEW**  
STREET ADDRESS  
**6210 ROSEFINCH COURT - #102**  
CITY-ST-ZIP  
**BRADENTON, FL 34202**

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

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

TITLE  
**P**  
NAME  
**SIMON, LEWIS**  
STREET ADDRESS  
**1680 ST JAMES CIRCLE**  
CITY-ST-ZIP  
**THE VILLAGES, FL 32162**

U000000832724  
02/27/08-80069-024 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-14-08**

Date

**941/316-1944**

Daytime Phone #