

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90082 001 ****13.61
05-03-2007 90082 002 ****18.72
05-03-2007 90082 003 ****28.92



1st MOORE CR2E037 (10/06)

DOCUMENT # 725268 1. Entity Name LONGBOAT KEY YACHT & TENNIS CLUB ASSOCIATION, INC.																																																																																																								
Principal Place of Business ARGUS PROPERTY MGMT 2477 STICKNEY PT RD SUITE 118-A SARASOTA FL 34231			Mailing Address ARGUS PROPERTY MGMT 2477 STICKNEY PT RD SUITE 118-A SARASOTA FL 34231																																																																																																					
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																																																																																						
4. FEI Number <div style="text-align: right;">59-1880362</div>			Applied For <input type="checkbox"/> Not Applicable																																																																																																					
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required																																																																																																					
6. Name and Address of Current Registered Agent ARGUS PROPERTY MGMT 2477 STICKNEY PT RD SUITE 118-A SARASOTA FL 34231			7. Name and Address of New Registered Agent Name ARGUS Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																					
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 <u><i>Brett Stolson</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u><i>BRETT STOLSON, CAM</i></u> <small>(NOTE: Registered Agent signature required when reappointing)</small>		<u><i>4/1/07</i></u> <small>DATE</small>																																																																																																				
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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																																																																																																								
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">DD SILEO, PATTY</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">4140 GULF OF MEXICO DR</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">LONGBOAT KEY FL 34228</td> </tr> <tr> <td>TITLE</td> <td>AS THOMSON, DELIA</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">3115 GULF OF MEXICO DR</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">LONGBOAT KEY FL 34228</td> </tr> <tr> <td>TITLE</td> <td>TD HANSEN, WARREN</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">4215 GULF OF MEXICO DRIVE, #304</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">LONGBOAT KEY FL 34228</td> </tr> <tr> <td>TITLE</td> <td>PD ROSS, ANITA</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">3115 GULF OF MEXICO DRIVE, # 30</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">LONGBOAT KEY FL 34228</td> </tr> <tr> <td>TITLE</td> <td>VD SEAMAN, MIKE</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">4215 GULF OF MEXICO DRIVE # 10</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">LONGBOAT KEY FL 34228</td> </tr> <tr> <td>TITLE</td> <td>AT SUTTON, WILLIAM</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">1801 GLENGARY ST</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">SARASOTA FL 34231</td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">TREASURER ROBERT CARLISLE</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">4215 GULF OF MEXICO DR</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">LONGBOAT KEY, FL 34228</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> </div> </div>						TITLE	DD SILEO, PATTY	<input type="checkbox"/> Delete	STREET ADDRESS	4140 GULF OF MEXICO DR		CITY-ST-ZIP	LONGBOAT KEY FL 34228		TITLE	AS THOMSON, DELIA	<input type="checkbox"/> Delete	STREET ADDRESS	3115 GULF OF MEXICO DR		CITY-ST-ZIP	LONGBOAT KEY FL 34228		TITLE	TD HANSEN, WARREN	<input checked="" type="checkbox"/> Delete	STREET ADDRESS	4215 GULF OF MEXICO DRIVE, #304		CITY-ST-ZIP	LONGBOAT KEY FL 34228		TITLE	PD ROSS, ANITA	<input type="checkbox"/> Delete	STREET ADDRESS	3115 GULF OF MEXICO DRIVE, # 30		CITY-ST-ZIP	LONGBOAT KEY FL 34228		TITLE	VD SEAMAN, MIKE	<input type="checkbox"/> Delete	STREET ADDRESS	4215 GULF OF MEXICO DRIVE # 10		CITY-ST-ZIP	LONGBOAT KEY FL 34228		TITLE	AT SUTTON, WILLIAM	<input checked="" type="checkbox"/> Delete	STREET ADDRESS	1801 GLENGARY ST		CITY-ST-ZIP	SARASOTA FL 34231		TITLE	TREASURER ROBERT CARLISLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS	4215 GULF OF MEXICO DR		CITY-ST-ZIP	LONGBOAT KEY, FL 34228		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>Anita Ross</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u><i>2-1-07 941387-7677</i></u> <small>Date Daytime Phone #</small>																																																																																																						