FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

725605

(0)

DOCUMENT # LONGBEACH CONDOMINIUM ASSOCIATION, INC.

LONGBEACH CONDOMINION ASSOCIATION, INC.					
Principal Place	of Business	Mailing Address			
	MEXICO DRIVE EY FL 34228-1109		7075 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228-1109		
					3. Date Incorporated or Qualified 02/20/1973 3a. Date of Last Report 03/15/1995
Principal Place of Business The Principal Place of Business		2a. Mailing Address 26			4. FEI Number Applied For 59-1543431 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution S 5.00 May Be Added to Fees
Zip	Country	Zip	Cou	untry	8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30	T	Florida Statutes Yes No
	and Address of Curren	t Registered Agent		81 Name	10. Name and Address of New Registered Agent
				1 - 1	IN P. FIANACAN
					IN R FLANAGAN Address (P.O. Box Number is Not Acceptable)
5500 MA	RINA DR			283	Ringling Boulevard, Suite 204-B
STE - 1	DE 1011 EL 01017			83	
HOMES	BEACH FL 34217			84 City	85 Zip Code
<u> </u>	0-5-0470409	Manual 617 1500 Florido Statu	doc tho ah	Sar	reporation submits this statement for the purpose of changing its registered office board of directors. I hereby accept the appointment as registered agent. I am
11. Pursuant t	to the provisions of Sections 61 7 0007 ed agent, or both, in the State of Morie	hang 617,1506, Florida Statu da. Such change was author	ized by the	corporation's	board of directors. I hereby accept the appointment as registered agent. I am
familiar wit	tin and accept the obligations of eact	ijon 617.0503, Florida Statute	es. ▲ • • • • •	l.	(1.101
SIGNATURE .			~ (.	٠	
	Signature, typed or printed name of registered agent	t and title if applicable (*) ID DIRECTORS	13		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PD	DELETE		TITLE	Change Addition
NAME	FOBB, JO	₩		NAME	PD w
	7075 GULF OF MEXICO DR			STREET ADDRESS	FOGG, JO
STREET ADDRESS	LONGBOAT KEY FL		1	CITY-ST-ZIP	7075 Gulf of Mexico Dr.
CITY-ST-ZIP TITLE	D	DELETE		TITLE	
NAME	HONGEN, MILTON	Q Q		NAME	VD
STREET ADDRESS	1101 GREEN ACRES DR			STREET ADDRESS	FORBES, TED
1	KOKOMO IN			CITY-ST-ZIP	6920 Country Lake Circle Sarasota, FL 34243
CITY-ST-ZIP TITLE	SD	DELETE		TITLE	Sarasota, FL 34243 Change Addition
NAME	WHEELER, JAMES	<u></u>		NAME	
STREET ADDRESS	C/O ESSENTIAL INDUSTRIES	;		STREET ADDRESS	
CITY-ST-ZIP	MERION WI			CITY-ST-ZIP	
TITLE	TD	DELETE		TITLE	☐ Change ☐ Addition
NAME	DOMBROWSKI, KATHRYN	—	4. 2	NAME	
STREET ADDRESS	7075 GULF OF MEXICO DR		4.3	STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL			CITY-ST-ZIP	
TITLE		DELETE		TITLE	Change Addition
NAME			5.2	NAME	
STREET ADDRESS	1		5.3	STREET ADDRESS	
CITY-ST-ZIP	1		5.4	CITY-ST-ZIP	
TITLE		DELETE		TITLE	☐ Change ☐ Addition
NAME			6.2	NAME	
STREET ADDRESS			6.3	STREET ADDRESS	
JINEEL ADDRESS				CITY OF TIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 prector 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 12 or Block 13 if changed, or on an attachment with an address. 941-3835454 LUT VI MELLO W. KATHRYN DOMBROWSKI, Treasurer 5/1/96 Daytime Phone #