

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725605 (0)
1. Corporation Name
LONGBEACH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
7075 GULF OF MEXICO DRIVE 7075 GULF OF MEXICO DRIVE
LONGBEACH KEY FL 34228-1109 LONGBEACH KEY FL 34228-1109

3. Date Incorporated or Qualified 02/20/1973 3a. Date of Last Report 05/01/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-1543431 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

FLANAGAN, JOHN R
2831 RINGLING BOULEVARD
SUITE 204-B
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name William Harold
82 Street Address (P.O. Box Number is Not Acceptable)
83 5500 Marina Dr., Suite 1
84 City Holmes Beach, FL 85 Zip Code 34217

11. Pursuant to the provisions of Sections 617.0509 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *William M. Harold Jr* 7/25/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	XX DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOGG, JO		1.2 NAME	Prillaman, Paul	
STREET ADDRESS	7075 GULF OF MEXICO DR		1.3 STREET ADDRESS	7075 Gulf of Mexico Dr.	
CITY-ST-ZIP	LONGBEACH KEY FL		1.4 CITY-ST-ZIP	Longboat Key, FL	
TITLE	VD	XX DELETE	2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORBES, TED		2.2 NAME	Fickinger, Wayne	
STREET ADDRESS	6920 COUNTRY LAKE CIRCLE		2.3 STREET ADDRESS	7075 Gulf of Mexico Dr.	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	Longboat Key, FL	
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEELER, JAMES		3.2 NAME		
STREET ADDRESS	C/O ESSENTIAL INDUSTRIES		3.3 STREET ADDRESS		
CITY-ST-ZIP	MERION WI		3.4 CITY-ST-ZIP		
TITLE	TD	XX DELETE	4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMBROWSKI, KATHRYN		4.2 NAME	Henderson, Granville	
STREET ADDRESS	7075 GULF OF MEXICO DR		4.3 STREET ADDRESS	7075 Gulf of Mexico Dr.	
CITY-ST-ZIP	LONGBEACH KEY FL		4.4 CITY-ST-ZIP	Longboat Key, FL	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do 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 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *William M. Harold Jr* 11/17/97 944-383-5309

CR2E037 (9/96)