2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725605

FILED
Jul 07, 2000 8:00 am
Secretary of State
03-27-2000 90111 022 ****61.25

1. Entity Name

LONGBEACH CONDOMINIUM ASSOCIATION, INC.

R

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

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1543431 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HEROLD, WILLIAM 5500 MARINA DR. STE. 1 HOLMES BEACH FL 34217	Name 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.*

SIGNATURE _____
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	PHILAMAN, PAUL D	NAME	
STREET ADDRESS	7075 GULF OF MEXICO DR	STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	CITY-ST-ZIP	
TITLE	VP D	TITLE	☐ Change ☐ Addition
NAME	WOOD, RICHARD D	NAME	
STREET ADDRESS	7075 GULF OF MEXICO DR.	STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	CITY-ST-ZIP	
TITLE	SD	TITLE TD T D	☒ Change ☒ Addition
NAME	HONGEN, MARY	NAME Charles Gerber D	
STREET ADDRESS	7075 GULF OF MEXICO DR	STREET ADDRESS P.O.Box 4104	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	CITY-ST-ZIP Spring Island, SC 29910	
TITLE	TD ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	HENDERSON, GRANVILLE	NAME	
STREET ADDRESS	7075 GULF OF MEXICO DR.	STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037 (9/99)

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: Paul Philaman REQUIRED — MAR 23 2000 — 941-383-5309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #