
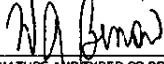


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90002 046 ****61.25

DOCUMENT # 725605 1. Entity Name LONGBEACH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 7075 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228-1109				Mailing Address 7075 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228-1109	
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	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WELLS, KEVIN T ESQ 2033 MAIN STREET SUITE 403 SARASOTA, FL 34237			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PRILLAMAN, PAUL 7075 GULF OF MEXICO DR LONGBOAT KEY, FL 34228	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Juengling, Charles 7075 Gulf of Mexico Dr. Longboat Key, FL 34228	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZANK, REINHARD 7075 GULF OF MEXICO DR. LONGBOAT KEY, FL 34228	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Gunderman, Robert 7075 Gulf of Mexico Dr. Longboat Key, FL 34228	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD GERBER, CHARLES PO BOX 4104 SPRING ISLAND, SC 29910	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Benson, William 7075 Gulf of Mexico Dr. Longboat Key, FL 34228	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Garger, Alice 7075 Gulf of Mexico Dr. Longboat Key, FL 34228	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gerber, Charles P.O.Box 4104 Spring Island, SC 29910	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Prillaman, Paul 7075 Gulf of Mexico Dr. Longboat Key, FL 34228	
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: 			2/11/04 941-383-5454		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					