

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90001 032 ****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		4. FEI Number 59-1543431	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WELLS, KEVIN T ESQ 2033 MAIN STREET SUITE 403 SARASOTA, FL 34237				7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when renewing)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 PD NAME JUENGLING, CHARLES STREET ADDRESS 7075 GULF OF MEXICO DR. CITY-ST-ZIP LONGBOAT KEY, FL 34228	☒ Delete		TITLE D NAME Paul Francis STREET ADDRESS 7085 Gulf of Mexico Dr CITY-ST-ZIP Longboat Key FL 34228	☐ Change ☒ Addition	
TITLE VPD NAME GUNDERMAN, ROBERT STREET ADDRESS 7075 GULF OF MEXICO DR. CITY-ST-ZIP LONGBOAT KEY, FL 34228	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
TITLE TD NAME BENSON, WILLIAM STREET ADDRESS 7075 GULF OF MEXICO DR. CITY-ST-ZIP LONGBOAT KEY, FL 34228	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
TITLE SD NAME GARGER, ALICE STREET ADDRESS 7075 GULF OF MEXICO DR. CITY-ST-ZIP LONGBOAT KEY, FL 34228	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☒ Change ☐ Addition	
TITLE D NAME YAKLON, ARDEN STREET ADDRESS 7125 GULF OF MEXICO PL CITY-ST-ZIP LONGBOAT KEY, FL 34228	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☒ Change ☐ Addition	
TITLE D NAME FURGIUELE, ANGELO STREET ADDRESS 16 HIGH GATE LANE CITY-ST-ZIP BLUE BELL, PA 19422	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☒ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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>Alice Garger</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Alice Garger, Pres.			1/23/06 941-383-5454 Date Daytime Phone #		