


**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

DOCUMENT # 727128					
<b>1. Entity Name</b> LONGBOAT BEACH HOUSE CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 5041 RINGWOOD MEADOW SUITE 2 SARASOTA, FL 34235			<b>Mailing Address</b> 5041 RINGWOOD MEADOW SUITE 2 SARASOTA, FL 34235		
<b>2. Principal Place of Business - No P.O. Box #</b>  Suite, Apt. #, etc.			<b>3. Mailing Address</b>  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country					
<b>6. Name and Address of Current Registered Agent</b>					
PAMI MANAGEMENT, INC. 5041 RINGWOOD MEADOW SUITE 2 SARASOTA, FL 34235					Name
					Street Address
					City
					State
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required)					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOUCHTON, DAVID 4311 GULF OF MEXICO DR. APT 601 LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NEUHAUS, DALE 4311 GULF OF MEXICO DR., APT 302 LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRODER, MARILYN 4311 GULF OF MEXICO DR APT 303 LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SMIGIELSKI, MARY 4311 GULF OF MEXICO DR. #403 LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DARRAS, JOHN 4311 GULF OF MEXICO DR APT 304 LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 610, F.S., changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



01182008 Chg-NP CR2E037 (12/06)