

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90209 046 ***61.25

A0073455



DO NOT WRITE IN THIS SPACE

DOCUMENT # 727429

1. Entity Name

LONG KEY TOWNHOUSE CONDOMINIUM ASSOCIATION, INC. *f*

Principal Place of Business

65700 OVERSEAS HWY
P.O. BOX 406
LONG KEY FL 33001

Mailing Address

65700 OVERSEAS HWY
P.O. BOX 406
LONG KEY FL 33001

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

59-2252653

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

GREENMAN, FRANKLIN D.
5800 OVERSEAS HWY #40
MARATHON FL 33050

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

After September 13, 2000 min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	DV REID, DIANE P.O. BOX 733 LONG KEY FL 33001	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RUBIN, JACK 299 CRICKET COURT YARDLEY PA 19067	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VANDENBERG, JANE M 1910 LAKE SHORE DR FENNIVILLE MI 49408	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT COSSEBOOM, LORRAINE P.O. BOX 241 CORNISH NH 03746	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 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:

Signature Required

8/14/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)