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2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 727429

1. Entity Name
LONG KEY TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
65700 OVERSEAS HWY P.O. BOX 406 LONG KEY, FL 33001	PO BOX 1578 KEY LARGO, FL 33037

01262007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2007

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BETTS, JACK 915 S. SHUMARD ST STILLWATER, OK 74074	☑ Delete	PRESIDENT BRUCE CLEMMONS PO BOX 495 LONG KEY FL 33001	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DE PRIEST, DALE 25327 SE 19TH PL SAMMAMISH, WA 98075	☑ Delete	ROSEMARY REGASNER SECRETARY PO BOX 1252 LONG KEY, FL 33001	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LUCERO, LARRY D 2836 ADELINE DR. BURLINGAME, CA 94010	☑ Delete	LORRAINE LOSSEBOOM TREASURER PO BOX 807 LONG KEY FL 33001	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAN ROSS, JACK 34 CEDAR LAKE DRIVE PUTNAM VALLEY, NY 10579	☑ Delete	TITLE S NAME JAMES MULLEN STREET ADDRESS 29 ELM ST CITY-ST-ZIP TOMPKINS COVE, NY 10986	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DAS DOSSEN, PETER V RR # 4 MILTON, ONT, CA 69t248	☑ Delete	TITLE S NAME BOB LINDHOLM STREET ADDRESS 1420 ABINGTON CHASE CITY-ST-ZIP LAKE FOREST, IL 60045	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Lorraine Losseboom 4-5-07 305-451-3764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR — Date — Daytime Phone #

As per telephone conversation with Teresa Rizzo on 4/20/07

JC 4/23