2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State
04-30-2008 90202 044 ****61.25

DOCUMENT # 727429

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

60035131

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

04222008 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 _____ 4/25/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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	P CLEMMONS, BRUCE P.O. BOX 495 LONG KEY, FL 33001	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Jack Betts 3 Champions Place Stillwater, OK 74074	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RGASNER, ROSE MARY P.O. BOX 1252 LONG KEY, FL 33001	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary John Lucero 2836 Adeline Ave. Burlingame, CA 94010	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COSSEBOOM, LORRAINE P.O. BOX 804 LONG KEY, FL 33001	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MULLEN, JAMES 29 ELM STREET TOMPKINS COVE, NY 10786	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LINDHOLM, BOB 1420 ABINGTON CAMBS LAKE FOREST, IL 60045	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Dale Depriest 25327 SW 19th Place Sammamish, WA 98075	☐ 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: _____ 4/25/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #