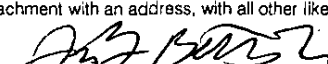


FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90202 044 ****61.25

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 727429			
1. Entity Name LONG KEY TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 65700 OVERSEAS HWY P.O. BOX 406 LONG KEY, FL 33001		Mailing Address PO BOX 1578 KEY LARGO, FL 33037	
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 4/25/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
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: 		DATE 4/25/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	