

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90407 042 ****61.25

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

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**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

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 **DI** ☐ Delete
NAME **GEFFEN, SUZAN**
STREET ADDRESS **117 HIDDEN OAK DRIVE**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **D** ☐ Change ☒ Addition
NAME **CORVO, Nadia**
STREET ADDRESS **55 FRITZ Rd.**
CITY-ST-ZIP **Colebrook CT 06021**

TITLE **DP** ☒ Delete
NAME **VANDENBERG, JANE M**
STREET ADDRESS **1910 LAKE SHORE DR**
CITY-ST-ZIP **PENNVILLE MI 49460**

TITLE **D** ☐ Change ☒ Addition
NAME **Dale De Priest**
STREET ADDRESS **25327 S.E 19th PL**
CITY-ST-ZIP **Sammamish, WA 98075**

TITLE **DP** ☒ Delete
NAME **PLYER, DIAN**
STREET ADDRESS **10005 SW 66 STREET**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE **DS** ☐ Change ☒ Addition
NAME **Kourtegis, John**
STREET ADDRESS **15 Sea View Ave**
CITY-ST-ZIP **River Side RI 02915**

TITLE **DS** ☐ Delete
NAME **GODSHALL, DONALD**
STREET ADDRESS **7524 ROOSEVELT STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE **DP** ☒ Change ☐ Addition
NAME **Godshall, Donald**
STREET ADDRESS **7524 Roosevelt ST**
CITY-ST-ZIP **Hollywood FL 33024**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

CR2E037 (10/02)