

740380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

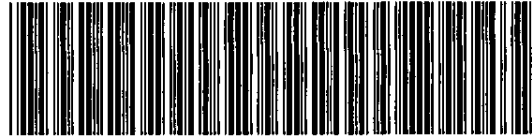
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Longboat Terrace Condominium Association, Inc  
Name of Corporation

**DOCUMENT NUMBER:** 740380

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gabriel Hernandez  
Name of Contact Person

N.A.H. Community Management, Inc  
Firm/Company

40 Sarasota Center Blvd. Suite 102  
Address

Sarasota, FL 34240  
City/State and Zip Code

GabrielH@nahmgmt.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gabriel Hernandez at ( 941 ) 923-2323  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 27, 2012

GABRIEL HERNANDEZ  
N.A.H. COMMUNITY MANAGEMENT, INC.  
40 SARASOTA CENTER BLVD - STE. 102  
SARASOTA, FL 34240

SUBJECT: LONGBOAT TERRACE CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: 740380

We have received your document for LONGBOAT TERRACE CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 812A00002512

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Longboat Terrace Condominium Association
2. The principal office address: 5393 Gulf of Mexico Dr  
Longboat Key, Fl 34228
3. The mailing address (if different): N.A.H. Community Management Inc  
40 Sarasota Center Blvd. Suite 102, Sarasota, Fl 34240
4. Date of incorporation/qualification: 10.11.1977 Document number: 740380
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Beth Callans Management Corp  
595 Bay Isles Rd / suite 200  
Longboat Key, Fl 34228

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

N.A.H. Community Management Inc  
40 Sarasota Center Blvd. Suite 102  
P.O. Box NOT acceptable  
Sarasota, Fl 34240

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Robert J. Sherry  
Signature of an officer or director

Robert J. Sherry, President  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

12.11.11  
Date

If signing on behalf of an entity:

Gabriel Hernandez  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314