

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750382

FILED
Jul 16, 2008
Secretary of State

Entity Name: LONGBOAT KEY ESTATES CLUB ASSOCIATION, INC.

Current Principal Place of Business:

C/O BETH CALLANS MANAGEMENT
553 JESSMYTH DRIVE
LONG BOAT KEY, FL 342282613 US

New Principal Place of Business:

C/O BETH CALLANS MANAGEMENT
595 BAY ISLES RD., SUITE 200
LONG BOAT KEY, FL 342282613 US

Current Mailing Address:

595 BAY ISLES ROAD
SUITE 201
LONGBOAT KEY, FL 34228 US

New Mailing Address:

C/O BETH CALLANS MANAGEMENT
595 BAY ISLES RD., SUITE 200
LONG BOAT KEY, FL 342282613 US

FEI Number: 59-2357830 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BETH CALLANS MANAGEMENT CORP.
595 BAY ISLES RD STE 200
LONGBOAT KEY, FL 34228 US

Name and Address of New Registered Agent:

BETH CALLANS MANAGEMENT CORP.
595 BAY ISLES RD
SUITE 200
LONGBOAT KEY, FL 34228 US

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.

SIGNATURE: BETH CALLANS

07/16/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: AT () Delete
Name: BORGELT, BURTON
Address: 640 ROUNDTREE DR
City-St-Zip: LONGBOAT KEY, FL 34228

Title: TD () Delete
Name: JENKINS, NANCY A
Address: 629 KINGFISHER LANE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: VPD () Delete
Name: CHARLTON, TAMI
Address: 544 ROUNDTREE DR
City-St-Zip: LONGBOAT KEY, FL 34228

Title: P () Delete
Name: BARTHOLD, GAEILE
Address: 568 TROUNTREE DR.
City-St-Zip: LONGBOAT KEY, FL 34228

Title: SD () Delete
Name: GODFREY, DONNA
Address: 628 ROUNDTREE DR
City-St-Zip: LONGBOAT KEY, FL 34228

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: BORGELT, BURTON
Address: 640 ROUNDTREE DR
City-St-Zip: LONGBOAT KEY, FL 34228

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: CHARLTON, TAMI
Address: 544 ROUNDTREE DR
City-St-Zip: LONGBOAT KEY, FL 34228

Title: VPD (X) Change () Addition
Name: GOLUB, GARY
Address: 641 KINGFISHER DR.
City-St-Zip: LONGBOAT KEY, FL 34228

Title: ATD (X) Change () Addition
Name: STESKAL, ROBERT
Address: 532 ROUNDTREE DR.
City-St-Zip: LONGBOAT KEY, FL 34228

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMI CHARLTON

PD

07/16/2008

Electronic Signature of Signing Officer or Director

Date