

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750382

FILED
Apr 17, 2009
Secretary of State

Entity Name: LONGBOAT KEY ESTATES CLUB ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2357830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: BORGELT, BURTON
Address: 640 ROUNTREE 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: PD () Delete
Name: CHARLTON, TAMI
Address: 544 ROUNTREE DR
City-St-Zip: LONGBOAT KEY, FL 34228

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

Title: ATD () Delete
Name: STESKAL, ROBERT
Address: 532 ROUNTREE DR.
City-St-Zip: LONGBOAT KEY, FL 34228

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: DONALD, JOHN
Address: 533 KINGFISHER LANE
City-St-Zip: LONGBOAT KEY, FL 34228

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

Title: D (X) Change () Addition
Name: GIBBON, SAMUEL
Address: 641 ROUNTREE DR
City-St-Zip: LONGBOAT KEY, FL 34228

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

Title: D (X) Change () Addition
Name: STESKAL, ROBERT
Address: 532 ROUNTREE 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: GARY GOLUB

P

04/17/2009

Electronic Signature of Signing Officer or Director

Date