

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750382

FILED
Feb 15, 2010
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: VP
Name: DONALD, JOHN
Address: 533 KINGFISHER LANE
City-St-Zip: LONGBOAT KEY, FL 34228

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

Title: D
Name: GIBBON, SAMUEL
Address: 641 ROUNDTREE DR
City-St-Zip: LONGBOAT KEY, FL 34228

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

Title: D
Name: STESKAL, ROBERT
Address: 532 ROUNDTREE DR.
City-St-Zip: LONGBOAT KEY, FL 34228

I hereby 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 all other like empowered.

SIGNATURE: GARY GOLUB

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02/15/2010

Electronic Signature of Signing Officer or Director

Date