


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90078 045 ****70.00

DOCUMENT # 755728 1. Entity Name GULF TIDES OF LONGBOAT KEY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3008 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228-2911			Mailing Address 3008 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228-2911		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2624187	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CUNNINGHAM, SHARON 1030 SEASIDE DRIVE SARASOTA, FL 34242				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	VP STEHLE, RICHARD <input checked="" type="checkbox"/> Delete 2212 WHITFIELD PARK LOOP SARASOTA, FL 34234		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Joan Daly 6035 Wilshire Blvd Sarasota, FL 34238	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLEMING, WALTER <input type="checkbox"/> Delete 720 TROPICAL PKWY ORANGE PARK, FL 32073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KIESCHER, ROBERT <input type="checkbox"/> Delete 52957 OX TURTLE CIR SARASOTA, FL 34232		TITLE NAME STREET ADDRESS CITY-ST-ZIP	KIRSCHER, Robert <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Same	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCENERNEY, STUART <input type="checkbox"/> Delete 1 TURTLE BACK TRAIL PONTE VEDRA BEACH, FL 32082		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MILLER, STEVEN <input type="checkbox"/> Delete 6320 WATERCREST WY BRADENTON, FL 34202		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Walter Fleming President</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>1/18/2008</i> Daytime Phone #: <i>9045531828</i>		

WALTER FLEMING