




2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90242 002 ****70.00

DOCUMENT # 756800 1. Entity Name LONGBOAT KEY GOLF CLUB MEN'S ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 8008 LONGBOAT KEY, FL 34228			Mailing Address P.O. BOX 8008 LONGBOAT KEY, FL 34228		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2001659	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FLINTER, WILLIAM 3270-13 AYOU DR LONGBOAT KEY, FL 34228			Name ALLEN, JAMES Street Address (P.O. Box Number is Not Acceptable) 1660 HARBOR SOUND DR City LONGBOAT KEY FL 34228		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			JAMES ALLEN <small>(NOTE: Registered Agent signature required when reinstating)</small>		1/11/06 <small>DATE</small>
Filing Fee is \$61.25 Due by May 1, 2006		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLINTER, WILLIAM		NAME	ALLEN, JAMES	
STREET ADDRESS	3270 BAYOU DR		STREET ADDRESS	1660 HARBOR SOUND DR	
CITY - ST - ZIP	LONGBOAT KEY, FL 34228		CITY - ST - ZIP	LONGBOAT KEY FL 34228	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, JAMES		NAME	BECKMEYER, WILLIAM	
STREET ADDRESS	1660 HARBOR SOUND DR		STREET ADDRESS	3340 SABAL COVE LN.	
CITY - ST - ZIP	LONGBOAT KEY, FL 34228		CITY - ST - ZIP	LONGBOAT KEY, FL 34228	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKMEYER, WILLIAM		NAME	LOUIS SANANDRES LOUIS	
STREET ADDRESS	3340 SABAL COVE LN		STREET ADDRESS	3241 BAYOU WAY	
CITY - ST - ZIP	LONGBOAT KEY, FL 34228		CITY - ST - ZIP	LONGBOAT KEY, FL 34228	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANANDRES, LOUIS		NAME	WILLIS, JAM	
STREET ADDRESS	3241 BAYOU WAY		STREET ADDRESS	3304 SABAL COVE LN.	
CITY - ST - ZIP	LONGBOAT KEY, FL 34228		CITY - ST - ZIP	LONGBOAT KEY, FL 34228	
TITLE	PP	<input checked="" type="checkbox"/> Delete	TITLE	PP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGTON, BRYAN		NAME	FLINTER, WILLIAM	
STREET ADDRESS	2832 FAIR OAKS DR		STREET ADDRESS	3270 BAYOU SOUND	
CITY - ST - ZIP	LONGBOAT KEY, FL 34228		CITY - ST - ZIP	LONGBOAT KEY FL 34228	
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	YOUNG, DAVID		NAME		
STREET ADDRESS	3466 WINDING OAKS DR		STREET ADDRESS		
CITY - ST - ZIP	LONGBOAT KEY, FL 34228		CITY - ST - ZIP		
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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			LOUIS SANANDRES <small>Date</small>		
			1/11/06 (941) 387-3830 <small>Daytime Phone #</small>		