

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90188 048 ****61.25

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**

40002377



01102007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2001659

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALLEN, JAMES
1660 HARBOR SOUND DR
LONGBOAT KEY, FL 34228**

Name **WILLIS, IAN**

Street Address (P.O. Box Number is Not Acceptable)

3304 SABAL COVE LANE

City **LONGBOAT KEY**

FL Zip Code **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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 ☐ Delete
NAME ALLEN, JAMES S
STREET ADDRESS 1600 HARBOR SOUND DR.
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE PD ☒ Change ☐ Addition
NAME BECKMEYER, WILLIAM
STREET ADDRESS 3340 SABAL COVE LANE
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE VP ☐ Delete
NAME BECKNEYER, WILLIAM
STREET ADDRESS 3340 SABAL COVE LN
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE VP ☒ Change ☐ Addition
NAME SANADRES, LOUIS
STREET ADDRESS 3421 BAYOU WAY
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE T ☐ Delete
NAME SANANDRES, LOUIS
STREET ADDRESS 3241 BAYOU WAY
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE T ☒ Change ☐ Addition
NAME WILLIS, IAN
STREET ADDRESS 3304 SABAL COVE LANE
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE S ☐ Delete
NAME WILLIA, IAN
STREET ADDRESS 3304 SAGAL COVILN
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE S ☒ Change ☐ Addition
NAME WILKENING, KURT
STREET ADDRESS 243 ROBIN DRIVE
CITY-ST-ZIP SARASOTA FL 34236

TITLE PP ☐ Delete
NAME FLINTER, WILLIAM
STREET ADDRESS 3270 BAYOU SOUND
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE PP ☒ Change ☐ Addition
NAME LANGTON BRYAN
STREET ADDRESS 2832 FAIR OAKS DRIVE
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE D ☐ Delete
NAME YOUNG, DAVID
STREET ADDRESS 3466 WINDING OAKS DR
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE PP ☒ Change ☐ Addition
NAME FLINTER, WILLIAM
STREET ADDRESS 3270, BAYOU SOUND
CITY-ST-ZIP LONGBOAT KEY FL 34228

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan Willis (IAN WILLIS) 01/11/07

941 387 9127