

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756800

FILED
Feb 28, 2008
Secretary of State

Entity Name: LONGBOAT KEY GOLF CLUB MEN'S ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 8008
LONGBOAT KEY, FL 34228

New Principal Place of Business:

3040 GRAND BAY BLVD
#224
LONGBOAT KEY, FL 34228

Current Mailing Address:

P.O. BOX 8008
LONGBOAT KEY, FL 34228

New Mailing Address:

FEI Number: 59-2001659 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, JAMES
3304 SABAL COVE LANE
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: PD () Delete
Name: BECAMEYER, WILLIAM
Address: 3340 SABAL COVE LANE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: VP () Delete
Name: SANADRES, LOUIS
Address: 3421 BAYOU WAY
City-St-Zip: LONGBOAT KEY, FL 34228

Title: T () Delete
Name: WILLIS, IAN
Address: 3304 SABAL COVE LANE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: S () Delete
Name: WILKENING, KURT
Address: 243 ROBIN DRIVE
City-St-Zip: SARASOTA, FL 34236

Title: PP () Delete
Name: LANGTON, BRYAN
Address: 2832 FAIR OAKS DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: FLINTER, WILLIAM
Address: 3270 BAYOU SOUND
City-St-Zip: LONGBOAT KEY, FL 34228

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: T (X) Change () Addition
Name: FINNEGAN, THOMAS
Address: 3040 GRAND BAY BLVD. #224
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: THOMAS FINNEGAN

T

02/28/2008

Electronic Signature of Signing Officer or Director

_____ Date