2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# 766664

Entity Name: HARBOUR OAKS AT LONGBOAT KEY CLUB ASSOCIATION, INC.

Current Principal Place of Business:

595 BAY ISLES ROAD
SUITE 200
LONGBOAT KEY, FL 34228

New Principal Place of Business:

Current Mailing Address:

595 BAY ISLES ROAD
SUITE 200
LONGBOAT KEY, FL 34228 US

New Mailing Address:

FEI Number: 59-2326858 **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 ROAD
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:	P	( ) Delete
Name:	LIONETTI, GERARD	
Address:	2177 HARBOURSIDE DR	
City-St-Zip:	LONGBOAT KEY, FL 34228	
Title:	D	( ) Delete
Name:	BUCHHOLZ, DOUG	
Address:	2235 HARBOURSIDE DR.	
City-St-Zip:	LONGBOAT KEY, FL 34228	
Title:	T	( ) Delete
Name:	NEELY, VAN	
Address:	2191 HARBOURSIDE DR.	
City-St-Zip:	LONGBOAT KEY, FL 34228	
Title:	D	( ) Delete
Name:	PADDEN, JOHN	
Address:	2217 HARBOURSIDE DR	
City-St-Zip:	LONGBOAT KEY, FL	
Title:	VP	( ) Delete
Name:	MELOWIC, STAN	
Address:	2157 HARBOURSIDE DR	
City-St-Zip:	LONGBOAT, FL	
Title:	S	( ) Delete
Name:	VLAHIDES, TONY	
Address:	2145 HARBORSIDE DRIVE	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: GERARD LIONETTI P 03/17/2009

Electronic Signature of Signing Officer or Director — Date