

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769160

FILED  
Apr 13, 2007  
Secretary of State

**Entity Name:** LONGBOAT KEY CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

6960 GULF OF MEXICO DR  
LONGBOAT KEY, FL 34228 US

**New Principal Place of Business:**

**Current Mailing Address:**

6960 GULF OF MEXICO DR  
LONGBOAT KEY, FL 34228 US

**New Mailing Address:**

**FEI Number:** 59-1159710

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOEFGREN, GAIL  
6960 GULF OF MEXICO DRIVE  
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: COB ( ) Delete  
Name: VAC, ANDREW  
Address: 510 BAY ISLES ROAD  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: VCOB ( ) Delete  
Name: MATARESE, MARNIE  
Address: 4300 MORNING PLACE  
City-St-Zip: SARASOTA, FL 34231

Title: T ( ) Delete  
Name: COOPER, BEN  
Address: 3909 EAST BAY DRIVE #110  
City-St-Zip: HOLMES BEACH, FL 34217

Title: D ( ) Delete  
Name: WALSH, LISA  
Address: 5570 GULF OF MEXICO DRIVE  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: S ( ) Delete  
Name: LOEFGREN, GAIL  
Address: 6960 GULF OF MEXICO DR  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D ( ) Delete  
Name: NEUBAUER, CHUCK  
Address: 3240 SOUTHGATE CIRCLE  
City-St-Zip: SARASOTA, FL 34239

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: T (X) Change ( ) Addition  
Name: WALSH, LISA  
Address: 5570 GULF OF MEXICO DRIVE  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D (X) Change ( ) Addition  
Name: NEUBAUER, CHUCK  
Address: 3240 SOUTHGATE CIRCLE  
City-St-Zip: SARASOTA, FL 34239

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

Title: D (X) Change ( ) Addition  
Name: WHITTEN, CHERYL  
Address: 373 ST. ARMANDS CIRCLE  
City-St-Zip: SARASOTA, FL 34236

I hereby certify that the information supplied with this filing does not qualify for the 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: GAIL LOEFGREN

S

04/13/2007

Electronic Signature of Signing Officer or Director

Date