

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769593

FILED
Jan 14, 2007
Secretary of State

Entity Name: LONGBOAT KEY CLUB TENNIS ASSOCIATION, INC.

Current Principal Place of Business:

442 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8204
LONGBOAT KEY, FL 342288204

New Mailing Address:

FEI Number: 59-2230182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'BRIEN, JOHN
2110 HARBOURSIDE DR. #541
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: TD () Delete
Name: ISRAELOFF, ROBERT
Address: 455 LONGBOAT CLUB DR #704
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: GOSHORN, CATHY
Address: 340 W ROYAL FLAMINGO
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: WEBER, SANDY
Address: 2120 HARBOURSIDE DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: PD () Delete
Name: O'BRIEN, JOHN
Address: 2110 HARBOURSIDE DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: SD () Delete
Name: SEGALL, CLARE
Address: 535 SANCTUARY DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: DV () Delete
Name: MORTELL, PAUL
Address: 1955 GULF OF MEXICO 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
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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 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: ROBERT ISRAELOFF

TREA

01/14/2007

Electronic Signature of Signing Officer or Director

Date