

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90062 025 ****61.25

DOCUMENT # 769593

1. Entity Name
LONGBOAT KEY CLUB TENNIS ASSOCIATION, INC.



Principal Place of Business
**442 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228 US**

Mailing Address
**P.O. BOX 8204
LONGBOAT KEY, FL 34228-8204**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2230182

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**O'BRIEN, JOHN
2110 HARBOURSIDE DR. #541
LONGBOAT KEY, FL 34228**

Name **ROBERT L. ISRAELOFF**

Street Address (P.O. Box Number is Not Acceptable)
755 LONGBOAT CLUB RD

APT 704

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

Robert L. Israeloff

2/7/08

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, 2008**

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 **TD**
NAME **ISRAELOFF, ROBERT**
STREET ADDRESS **455 LONGBOAT CLUB DR #704**
CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

☐ Delete

TITLE **DIRECTOR**
NAME **MARLENE HURWITZ**
STREET ADDRESS **2120 HARBOURSIDE DR - APT 621**
CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

☐ Change ☐ Addition

TITLE **D**
NAME **GOSHORN, CATHY**
STREET ADDRESS **340 W ROYAL FLAMINGO**
CITY-ST-ZIP **SARASOTA, FL 34236**

☒ Delete

TITLE **SECRETARY**
NAME **SUSIE KLINGERMAN**
STREET ADDRESS **2185 GULF OF MEXICO DR**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

☐ Change ☒ Addition

TITLE **D**
NAME **WEBER, SANDY**
STREET ADDRESS **2120 HARBOURSIDE DRIVE**
CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

☒ Delete

TITLE **DIRECTOR**
NAME **ROBERT COYNE**
STREET ADDRESS **3070 GRAND BAY BLVD - APT 635**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

☐ Change ☒ Addition

TITLE **PD**
NAME **O'BRIEN, JOHN**
STREET ADDRESS **2110 HARBOURSIDE DRIVE**
CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

☒ Delete

TITLE **ADDITIONAL DIRECTOR**
NAME **WILLIAM STAFFORD**
STREET ADDRESS **450 MEADOWLARK DR**
CITY-ST-ZIP **SARASOTA FL 34236**

☐ Change ☒ Addition

TITLE **SD**
NAME **SEGALL, CLARE**
STREET ADDRESS **535 SANCTUARY DRIVE**
CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

☒ Delete

TITLE **PRESIDENT**
NAME **PAUL MORTELL**
STREET ADDRESS **1925 GULF OF MEXICO DR APT 204**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

☒ Change ☐ Addition

TITLE **DV**
NAME **MORTELL, PAUL**
STREET ADDRESS **1955 GULF OF MEXICO DRIVE**
CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

☐ Delete

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:

Robert L. Israeloff **ROBERT L. ISRAELOFF**

Date

Daytime Phone #