

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 28 AM 10:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # J82636 (8)

1. Corporation Name

V.F. LONGBOAT KEY II, INC.

Principal Place of Business

**WYALE PROPERTIES
2900 N. MILITARY TRAIL, SUITE 201 SOUTH
BOCA RATON FL 33431**

Mailing Address

**WYALE PROPERTIES
2900 N. MILITARY TRAIL, SUITE 201 SOUTH
BOCA RATON FL 33431**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/08/1987

3a. Date of Last Report

02/11/1994

4. FEI Number

65-0035817

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐

☐

Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEUTCH, JEFFREY A
7777 GLADES RD
STE 300
BOCA RATON FL 33434**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and also if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **POS**
NAME **POMERANTZ, SAUL**
STREET ADDRESS **8600 DECARIE BLVD., SUITE 200**
CITY-ST-ZIP **MT ROYAL QC**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

Town of Mount Royal, QC H4P 2N2

TITLE **TD**
NAME **GATTINGER, FRANKLIN J.**
STREET ADDRESS **8600 DECARIE BLVD., SUITE 200**
CITY-ST-ZIP **MT ROYAL QC**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

Town of Mount Royal, QC H4P 2N2

TITLE **AS**
NAME **RICHTER, MORRIS**
STREET ADDRESS **2900 N MILITARY TR #201**
CITY-ST-ZIP **BOCA RATON FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

RESIGNED

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☒ Addition

**V/Asst't Secretary/D
Pomerantz, Terry
8600 Decarie Blvd, Suite 200
Town of Mount Royal, QC H4P 2N2**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Franklin J. Gattinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Franklin J. Gattinger
April 12, 1995

(514) 341-8600
Telephone Number