


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90017 033 ****61.25

DOCUMENT # N00913 1. Entity Name THE BEACHES OF LONGBOAT KEY-SOUTH OWNERS ASSOCIATION, INC.	
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Principal Place of Business 775 LONGBOAT CLUB RD LONGBOAT KEY, FL 34228 US	Mailing Address 775 LONGBOAT CLUB RD LONGBOAT KEY, FL 34228 US
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40042668



01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2339223	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MOORE, ROBERT E 227 NOKOMIS AVE SOUTH VENICE, FL 34285
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**DO NOT WRITE
IN THIS SPACE**

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: _____
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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAINBRIDGE, JERRY 775 LONGBOAT CLUB RD, # 908 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RES CUCCI, JOSEPH 775 LONGBOAT CLUB RD, # 302 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EPSTEIN, MARTIN 775 LONGBOAT CLUB RD 704 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLEISCHER, FRANK 775 LONGBOAT CLUB RD LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS SEMISCH, DONALD 775 LONGBOAT CLUB RD #604 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-2007 (941) 383-6449
Date Daytime Phone #