

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007002

FILED
Apr 07, 2007
Secretary of State

Entity Name: LONG POINT DOCK ASSOCIATION, INC.

Current Principal Place of Business:

167 LONG POINT DRIVE
AMELIA ISLAND,, FL 32034

New Principal Place of Business:

144 LONG POINT DRIVE
AMELIA ISLAND,, FL 32034

Current Mailing Address:

144 LONG POINT DRIVE
AMELIA ISLAND,, FL 32034

New Mailing Address:

FEI Number: 20-0552957

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARTMAN, FREDERICK D
144 LONG POINT DRIVE
AMELIA ISLAND, FL 32034 US

Name and Address of New Registered Agent:

ROWAN, SHARON M
144 LONG POINT DRIVE
AMELIA ISLAND, FL 32034 US

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: SHARON M. ROWAN

04/07/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HARTMAN, FREDERICK D
Address: 167 LONG POINT DRIVE
City-St-Zip: AMELIA ISLAND, FL 32034

Title: VP () Delete
Name: DOWNEN, THOMAS W
Address: 167 LONG POINT DRIVE
City-St-Zip: AMELIA ISLAND, FL 32034

Title: SECT () Delete
Name: ROWAN, SHARON
Address: 144 LONG POINT DRIVE
City-St-Zip: AMELIA ISLAND, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROWAN, SHARON M
Address: 144 LONG POINT DRIVE
City-St-Zip: AMELIA ISLAND, FL 32034

Title: VP (X) Change () Addition
Name: BURCH, MICHAEL W
Address: 1543 BEACHWALKER
City-St-Zip: AMELIA ISLAND, FL 32034

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: SHARON M. ROWAN

P

04/07/2007

Electronic Signature of Signing Officer or Director

Date