


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90240 024 ****61.25

DOCUMENT # N12869

1. Entity Name
HARBOUR CIRCLE AT LONGBOAT KEY CLUB ASSOCIATION, INC.



Principal Place of Business
HARBOUR CIRCLE
LONGBOAT KEY, FL 34228 US

Mailing Address
595 BAY ISLES RD.
201
LONGBOAT KEY, FL 34228 US

20044127



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04122005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2671856

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BETH CALLANS MGMT. CORP.
595 BAY ISLES RD #201
LONGBOAT KEY, FL 34228

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

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 D NAME LEVY, LOUIS STREET ADDRESS 2303 HARBOUR OAKS DRIVE CITY-ST-ZIP LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete	TITLE D NAME Weinstein, Leonard STREET ADDRESS 2321 Harbour Oaks Dr. CITY-ST-ZIP Longboat Key, FL 34228	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE STD NAME ST. GENIS, JOHN STREET ADDRESS 2301 HARBOUR OAKSDR CITY-ST-ZIP LONGBOAT KEY, FL 34228	<input checked="" type="checkbox"/> Delete	TITLE ST NAME Jackson, Garry STREET ADDRESS 2311 Harbour Oaks Dr. CITY-ST-ZIP Longboat Key, FL 34228	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD NAME WOOD, ARTHUR STREET ADDRESS HARBOUR OAKS DRIVE CITY-ST-ZIP LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete	TITLE P NAME Wood, Arthur STREET ADDRESS 2379 Harbour Oaks Dr. CITY-ST-ZIP Longboat Key, FL 34228	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME LEVINE, MARION STREET ADDRESS 2358 HARBOUR OAKS DR. CITY-ST-ZIP LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME DIETRICH, JAMES STREET ADDRESS 2335 HARBOUR OAKS DR. CITY-ST-ZIP LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MUELLER, ALBERT STREET ADDRESS 2385 HARBOUR OAKS DR. CITY-ST-ZIP LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Garry H. Jackson **Garry H. Jackson**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 4.20.05 Daytime Phone # 941-387-3443