


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2006 8:00 am**  
**Secretary of State**

03-02-2006 90012 018 \*\*\*\*61.25

<b>DOCUMENT # N12869</b> 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		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address 5500 MARINA DR STE 1 HOLMES BEACH FL Zip 34217 Country MANATEE			
City & State		City & State		4. FEI Number 59-2671856	
Zip - Country		Zip 34217 Country MANATEE		5. Certificate of Status Desired <input type="checkbox"/> \$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 <u>William M. Herold Jr</u> Street Address (P.O. Box Number is Not Acceptable) 5500 MARINA DR STE 1 City <u>HOLMES BEACH</u> FL Zip Code <u>34217</u>		
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 obligation of registered agent.  SIGNATURE <u>[Signature]</u> <u>WILLIAM M. HEROLD JR</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVY, LOUIS 2303 HARBOUR OAKS DRIVE LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOOD, ARTHUR 2379 HARBOUR OAKS DR LONGBOAT KEY, FL 34228 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOOD, ARTHUR HARBOUR OAKS DRIVE LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINE, MARION 2358 HARBOUR OAKS DR. LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DIETRICH, JAMES 2335 HARBOUR OAKS DR. LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUELLER, ALBERT 2385 HARBOUR OAKS DR. 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 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 <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>4/27/06</u> Daytime Phone # _____		