2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State 02-28-2008 90008 044 ****61.25 DOCUMENT # N12869 HARBOUR CIRCLE AT LONGBOAT KEY CLUB ASSOCIATION, INC. 400030 Principal Place of Business Mailing Address HARBOUR CIRCLE 5500 MARINA DR LONGBOAT KEY, FL 34228 SUITE 1 HOLMES BEACH, FL 34217 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-2671856 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HEROLD, WILLIAM M JR Street Address (P.O. Box Number is Not Acceptable) 550 MARINA DR SUITE 1 HOLMES BEACH, FL 34217 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ইচ ☐ Delete TITLE Change ☐ Addition TITLE WOOD, ARTHUR NAME NAME HARBOUR OAKS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGBOAT KEY, FL 34228 CITY - ST - ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE LEVINE, MARION NAME NAME 2358 HARBOUR OAKS DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGBOAT KEY, FL 34228 CITY-ST-7IP PD. **⊠** Change Addition TITLE TITLE Delete NAME DIETRICH, JAMES NAME 2335 HARBOUR OAKS DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGBOAT KEY, FL 34228 CITY-ST-ZIP Delete TITLE BTS ☐ Change **▼** Addition TITLE NAME NAME ROBERT TATA

KETFU 34228 12. Thereby certify that the information supplied with this filling 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.

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FILED Feb 28, 2008 8:00 am