

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 19 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # N12881 (1)
1. Corporation Name
LONGBOAT KEY PUBLIC INTEREST COMMITTEE, INC.

Principal Place of Business

Mailing Address

1050 LONGBOAT CLUB RD
#501
LONGBOAT KEY FL 34228
USP. O. BOX 8221
LONGBOAT KEY FL 34228-8221
US3. Date Incorporated or Qualified
01/01/19863a. Date of Last Report
03/22/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-2471907Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSS, ROBERT B.
4540 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME ROSS, ROBERT B.
STREET ADDRESS 4540 GULF OF MEXICO DR.
CITY-STATE-ZIP LONGBOAT KEY FL ☐ DELETETITLE PD
NAME WEIL, RITA P
STREET ADDRESS 100 SANDS POINT RD. #214
CITY-STATE-ZIP LONGBOAT KEY FL ☒ DELETETITLE TD
NAME KEYES, SAMUEL S
STREET ADDRESS 584 YAWL LANE
CITY-STATE-ZIP LONGBOAT KEY FL ☐ DELETETITLE SD
NAME BLAIR, BETTY
STREET ADDRESS 561 PUTTER LANE
CITY-STATE-ZIP LONGBOAT KEY FL ☒ DELETETITLE SD
NAME FRENCH, JOHN W
STREET ADDRESS 2525 GULF OF MEXICO DRIVE #9F
CITY-STATE-ZIP LONGBOAT KEY FL ☒ DELETETITLE VD
NAME ROWAN, JOSEPH
STREET ADDRESS 4500 GULF OF MEXICO DR
CITY-STATE-ZIP LONGBOAT KEY FL ☒ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP ☐ Change ☐ Addition2.1 TITLE PD
2.2 NAME Betty Blair
2.3 STREET ADDRESS 561 Putter Ln.
2.4 CITY-STATE-ZIP Longboat Key, FL 34228 ☒ Change ☐ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP ☐ Change ☐ Addition4.1 TITLE SD
4.2 NAME Hope Mitchell #219
4.3 STREET ADDRESS 350 GMD
4.4 CITY-STATE-ZIP Longboat Key, FL 34228 ☐ Change ☒ Addition5.1 TITLE SD
5.2 NAME Lee Rothberg
5.3 STREET ADDRESS 561 Birdie Ln.
5.4 CITY-STATE-ZIP Longboat Key, FL 34228 ☐ Change ☒ Addition6.1 TITLE VD
6.2 NAME Joan Webster
6.3 STREET ADDRESS 5555 GMD #101
6.4 CITY-STATE-ZIP Longboat Key, FL 34228 ☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-97 941/383-7682
Date Daytime Phone # 0062548

CR2E037 (9/96)