

FILE NOW: FILING FEE IS \$61.25

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Apr 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N12881** (1)  
1. Corporation Name  
**LONGBOAT KEY PUBLIC INTEREST COMMITTEE, INC.**



Principal Place of Business  
**1050 LONGBOAT CLUB RD  
#501  
LONGBOAT KEY FL 34228  
US**

Mailing Address  
**P. O. BOX 8221  
LONGBOAT KEY FL 34228  
US**

3. Date Incorporated or Qualified  
**01/01/1986**

4. FEI Number  
**59-2471907**

Applied For  
☐ Yes ☒ No

2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country

2a. Mailing Address  
**25** Suite, Apt. #, etc.  
**26** City & State  
**27** Zip  
**28** Country

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent  
**ROSS, ROBERT B.  
4540 GULF OF MEXICO DR.  
LONGBOAT KEY FL 34228**

10. Name and Address of New Registered Agent  
**81 Name Lee Rothenberg**  
**82 Street Address (P.O. Box Number is Not Acceptable) 561 Birdie Lane**  
**83**  
**84 City Longboat Key FL 85 Zip Code 34228**

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 *Lee Rothenberg* **Lee Rothenberg, Corp. Secy./Director** **Apr. 6, 1998**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROSS, ROBERT B.</b>	
STREET ADDRESS	<b>4540 GULF OF MEXICO DR.</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BETTY BLAIR</b>	
STREET ADDRESS	<b>561 PUTTER LN</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KEYES, SAMUEL S</b>	
STREET ADDRESS	<b>584 YAWL LANE</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HOPE MITHCELL</b>	
STREET ADDRESS	<b>350 GMD 219</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>LEE ROTHENBERG</b>	
STREET ADDRESS	<b>561 BIRDIE LN</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>JOAN WEBSTER</b>	
STREET ADDRESS	<b>5555 GMD 101</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Claire Bell (Mrs. William J.)</b>	
1.3 STREET ADDRESS	<b>4968 GMD V22</b>	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>John W. French</b>	
3.3 STREET ADDRESS	<b>2525 GMD 9F</b>	
3.4 CITY-ST-ZIP	<b>Longboat Key, FL 34228</b>	
4.1 TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Ruth Juskowitz</b>	
4.3 STREET ADDRESS	<b>201 Harbourside Drive</b>	
4.4 CITY-ST-ZIP	<b>Longboat Key, FL 34228</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 *John W. French* **John W. French, Treasurer** **3/31/98** **(941) 383-3925**

CR2E037 (10/97)