

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90022 019 ****61.25

DOCUMENT # **N12881**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/01/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2471907	
24 Country		29 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROTHENBERG, LEE
561 BIRDIE LANE
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	1.1 TITLE	RUDY K MEISELMAN, MD.
NAME	BELL, CLAIRE	1.2 NAME	775 LONGBOAT CLUB RD 603
STREET ADDRESS	4968 GMD, V22	1.3 STREET ADDRESS	LONGBOAT KEY FL 34228
CITY-ST-ZIP	LONGBOAT KEY FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	BETTY BLAIR	2.2 NAME	
STREET ADDRESS	561 PUTTER LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	FRENCH, JOHN W.	3.2 NAME	
STREET ADDRESS	2525 GMD 9F	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	JUSKOWITZ, RUTH	4.2 NAME	
STREET ADDRESS	2011 HARBOURSIDE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	
NAME	LEE ROTHENBERG	5.2 NAME	
STREET ADDRESS	561 BIRDIE LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	
NAME	JOAN WEBSTER	6.2 NAME	
STREET ADDRESS	5555 GMD 101	6.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
RUDY K MEISELMAN, MD.

TREAS

7/17/99

Date

941 383 9137
401 183 6560

Daytime Phone #

CR2E037 (5/99)