


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90257 025 \*\*\*\*70.00

<b>DOCUMENT # N12881</b> 1. Entity Name <b>LONGBOAT KEY PUBLIC INTEREST COMMITTEE, INC.</b>																																																																																																																	
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 - No P.O. Box # <b>1932 HARBOURSIDE DR.</b> Suite, Apt. #, etc. <b># 243</b>		3. Mailing Address <b>P.O. BOX 8221</b> Suite, Apt. #, etc.		<b>00000002</b> 																																																																																																													
City & State <b>LONGBOAT KEY, FL</b>		City & State <b>LONGBOAT KEY, FL</b>		4. FEI Number <b>59-2471907</b>																																																																																																													
Zip <b>34228</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required																																																																																																													
6. Name and Address of Current Registered Agent  <b>HACKETT, WALTER</b> <b>3523 FAIR OAKS LANE</b> <b>LONGBOAT KEY, FL 34228</b>		7. Name and Address of New Registered Agent Name <b>JOHN J. McMAHON</b> Street Address (P.O. Box Number is Not Acceptable) <b>1932 HARBOURSIDE DRIVE</b> <b># 243</b> City <b>LONGBOAT KEY FL</b> Zip Code <b>34228</b>																																																																																																															
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 obligations of registered agent. SIGNATURE <i>John J. McMahon</i> <b>JOHN J. McMAHON</b> <b>1-09-2007</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>																																																																																																																	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to</b> <b>Florida Department of State</b>																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">D</td> <td style="width: 15%;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">BLAIR, BETTY</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">561 PUTTER LANE</td> <td style="width: 15%;">CITY-ST-ZIP</td> <td style="width: 15%;">LONGBOAT KEY, FL 34228</td> </tr> <tr> <td>TITLE</td> <td>P</td> <td><input type="checkbox"/> Delete</td> <td>NAME</td> <td>ROTH, WILLIAM</td> <td>STREET ADDRESS</td> <td>777 LANDS END DRIVE</td> <td>CITY-ST-ZIP</td> <td>LONGBOAT KEY, FL 34228</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> <td>NAME</td> <td>GILBERT, SANDY</td> <td>STREET ADDRESS</td> <td>774 NORTON STREET</td> <td>CITY-ST-ZIP</td> <td>LONGBOAT KEY, FL 34228</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> <td>NAME</td> <td>HACKETT, WALTER</td> <td>STREET ADDRESS</td> <td>3523 FAIR OAKS LANE</td> <td>CITY-ST-ZIP</td> <td>LONGBOAT KEY, FL 34228</td> </tr> <tr> <td>TITLE</td> <td>V</td> <td><input type="checkbox"/> Delete</td> <td>NAME</td> <td>GOLDNER, LAURIN</td> <td>STREET ADDRESS</td> <td>6 WINSLOW PLACE</td> <td>CITY-ST-ZIP</td> <td>LONGBOAT KEY, FL</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> <td>NAME</td> <td>BEEMAN, JOHN</td> <td>STREET ADDRESS</td> <td>1701 GULF OF MEXICO DRIVE #103</td> <td>CITY-ST-ZIP</td> <td>LONGBOAT KEY, FL 34228</td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">DIRECTOR</td> <td style="width: 15%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">BLAIR, BETTY</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">700 JOHN RINGLING BLVD.</td> <td style="width: 15%;">CITY-ST-ZIP</td> <td style="width: 15%;">SARASOTA, FL 34236</td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DIRECTOR</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td>NAME</td> <td>BEEMAN, JOHN</td> <td>STREET ADDRESS</td> <td>3463 BYRON LANE</td> <td>CITY-ST-ZIP</td> <td>LONGBOAT KEY, FL 34228</td> </tr> </table> </div> </div>						TITLE	D	<input type="checkbox"/> Delete	NAME	BLAIR, BETTY	STREET ADDRESS	561 PUTTER LANE	CITY-ST-ZIP	LONGBOAT KEY, FL 34228	TITLE	P	<input type="checkbox"/> Delete	NAME	ROTH, WILLIAM	STREET ADDRESS	777 LANDS END DRIVE	CITY-ST-ZIP	LONGBOAT KEY, FL 34228	TITLE	D	<input type="checkbox"/> Delete	NAME	GILBERT, SANDY	STREET ADDRESS	774 NORTON STREET	CITY-ST-ZIP	LONGBOAT KEY, FL 34228	TITLE	D	<input type="checkbox"/> Delete	NAME	HACKETT, WALTER	STREET ADDRESS	3523 FAIR OAKS LANE	CITY-ST-ZIP	LONGBOAT KEY, FL 34228	TITLE	V	<input type="checkbox"/> Delete	NAME	GOLDNER, LAURIN	STREET ADDRESS	6 WINSLOW PLACE	CITY-ST-ZIP	LONGBOAT KEY, FL	TITLE	D	<input type="checkbox"/> Delete	NAME	BEEMAN, JOHN	STREET ADDRESS	1701 GULF OF MEXICO DRIVE #103	CITY-ST-ZIP	LONGBOAT KEY, FL 34228	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	BLAIR, BETTY	STREET ADDRESS	700 JOHN RINGLING BLVD.	CITY-ST-ZIP	SARASOTA, FL 34236	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	BEEMAN, JOHN	STREET ADDRESS	3463 BYRON LANE	CITY-ST-ZIP	LONGBOAT KEY, FL 34228
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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.																																																																																																																	
<b>SIGNATURE:</b> <i>John J. McMahon</i> <b>JOHN J. McMAHON</b> <b>1-9-07 (941) 383-3923</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																	