

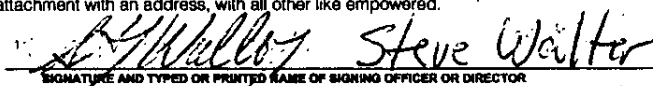


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N16440</b> 1. Entity Name <b>LONGBOAT LANDING HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>16520 CAYMAN DRIVE TAMPA, FL 33624 US</b>		Mailing Address <b>16520 CAYMAN DRIVE TAMPA, FL 33624 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01232007 No Chg-NP CR2E037 (4/06)	
		4. FEI Number <b>59-2968780</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WALTER, STEVE 16520 CAYMAN DRIVE TAMPA, FL 33624</b>		<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>1100000661453</b> <b>03/20/07-80042-009 61.25</b>
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HELFRICH, SALLY 16521 CAYMAN DRIVE TAMPA, FL 33624</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD GIBBS, BRENT 16519 CAYMAN DR TAMPA, FL 33624</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WALTER, STEVE 16520 CAYMAN DRIVE TAMPA, FL 33624</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DE LA TORRE, CARLOS 5303 REDFIELD LANE TAMPA, FL 33624</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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>  <b>Steve Walter</b>		<b>2/28/07</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	