2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16440

FILED Jan 19, 2009 Secretary of State

Entity Name: LONGBOAT LANDING HOMEOWNERS ASSOCIATION, INC.

Current P	rincipal Place o	of Business:	New Prince	ipal Place of Business:
16520 CA` TAMPA, F	YMAN DRIVE L 33624 US			
Current N	lailing Address	:	New Maili	ng Address:
16520 CA TAMPA, F	YMAN DRIVE L 33624 US			
FEI Number	: 59-2968780	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()
Name and	d Address of Cu	ırrent Registered Agent:	Name and	Address of New Registered Agent:
WALTER, 16520 CA` TAMPA, F	YMAN DRIVE			
The above	named entity cu	ibmits this statement for the n	urpose of changing	its registered office or registered agent, or both,
	e of Florida.	abilitis tilis statement for the p		its registered office of registered agent, or both,
in the State	e of Florida.	abilities this statement for the p		is registered office of registered agent, or both,
in the State	e of Florida. Î	c Signature of Registered Age		Date
in the State	e of Florida. Î	c Signature of Registered Age	ent	
in the State SIGNATUI OFFICER: Title: Name: Address:	e of Florida. RE: Electronic S AND DIRECT	c Signature of Registered Age ORS: Delete HA LANE	ent	Date
in the State	e of Florida. RE: Electronic S AND DIRECT S () I ASHBURN, TRISI 5310 REDFIELD TAMPA, FL 3362	C Signature of Registered Age ORS: Delete HA LANE 24 Delete	ent ADDITION Title: Name: Address:	Date IS/CHANGES TO OFFICERS AND DIRECTO
in the State SIGNATUI OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	e of Florida. RE: Electronic S AND DIRECT S () [ASHBURN, TRISI 5310 REDFIELD TAMPA, FL 3362 VPD () [RUIZ, MARK 5314 REDFIELD TAMPA, FL 3362	C Signature of Registered Age ORS: Delete HA LANE 24 Delete	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	Date IS/CHANGES TO OFFICERS AND DIRECTO () Change () Addition VPD (X) Change () Addition HELFRICH, SALLY 16521 CAYMAN DR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID APONTE T 01/19/2009