

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90163 016 \*\*\*\*61.25

**DOCUMENT # N93000005161**

1. Entity Name  
**PRIVATEER COMMONS OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**1000 LONGBOAT KEY CLUB RD  
UNIT 1101  
LONGBOAT KEY, FL 34228**

Mailing Address  
**595 BAY ISLES RD  
STE 200  
LONGBOAT KEY, FL 34228 US**

**40059311**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02202007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**65-0450127**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BETH CALLANS MANAGEMENT  
595 BAY ISLES RD  
STE 200  
LONGBOAT KEY, FL 34221**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME PARKER, ELLEN  
STREET ADDRESS 1000 LONGBOAT CLUB RD 1001  
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE VP ☐ Delete  
NAME ERICKSON, BEATRICE  
STREET ADDRESS 1050 LONGBOAT CLUB RD 502  
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE S ☐ Delete  
NAME ZARETSKY, DIANE  
STREET ADDRESS 1000 LONGBOAT CLUB RD., 606  
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE T ☐ Delete  
NAME REISFELD, ART  
STREET ADDRESS 1000 LONGBOAT CLUB RD 300  
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE D ☒ Delete  
NAME SINGER, CARLOE  
STREET ADDRESS 1050 LONGBOAT CLUB RD., 1001  
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SECRETARY** ☐ Change ☒ Addition  
NAME **MOPPERT, DOUG**  
STREET ADDRESS **1000 LONGBOAT CLUB RD. 306**  
CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **HILLER, JIM**  
STREET ADDRESS **1050 LONGBOAT CLUB RD. 601**  
CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/11/07 941-387-3443**  
Date Daytime Phone #