2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000005161



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| Mar 21 | , 2008 | 8:00 am |
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| PRIVATE | ER COMMONS OWNERS A | SSOCIATION, INC. | | | | | |
|--|---|--|--|--------------------------------|------------------|--|-------------------------------|
| UNIT 1101 | e of Business BOAT KEY CLUB RD KEY, FL 34228 | Mailing Address 595 BAY ISLES RD STE 200 LONGBOAT KEY, FL 342 | 28 US | | | 11111 | (11111 11 1111 |
| 2. Principal P | lace of Business - No P.O. Box # | 3. Mailing Address | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 01052008 C | hg-NP | CR2E037 (12/06) | |
| City & State | е | City & State | | 4. FEI Number 65-045012 | 27 | - | Applied For Not Applicable |
| Zip | Country | Zip | Country | 5. Certificate of S | tatus Desired | □ \$8.75 A Fee Requi | |
| | 6. Name and Address of Current R | egistered Agent | | 7. Name and Add | ress of New R | egistered Agent | |
| | | | Name | | | | |
| BETH CALLANS MANAGEMENT 595 BAY ISLES RD STE 200 | | Street Addre | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | AT KEY, FL 34221 | | | | | | |
| | | | City | | | FL Zip Co | de |
| | named entity submits this statement for ions of registered agent. | the purpose of changing its re | egistered office or reg | istered agent, or both, in | the State of Flo | rida. I am familiar wit | h, and accept |
| | | | | | | | |
| SIGNATURE . | Signature, typed or printed name of registered agent an | d title if applicable. (NOTE: F | Registered Agent signature re | quired when reinstating) | | DATE | |
| | Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Camp Trust Fund Co | • • - | \$5.00 May Be Added to Fees | | ake check payable ida Department of | , |
| 10. | OFFICERS AND DIRE | CTORS | 11. | ADDITIONS/CHANG | ES TO OFFICE | RS AND DIRECTORS | IN 10 |
| TITLE | S _A | Delete | TITLE 50 | ecteary OIS SKLAN | | ☐ Change | Addition |
| NAME STREET ADDRESS | PPPERT, DOVE 1000 LONEBOAT CLUB RD 306 | , | | | ECT 110 | RUAD #8 | 0.5 |
| CITY-ST-ZIP | LONGBOAT KEY, FL 34228 | | CITY-ST-ZIP | SO CHALBOF | ESCLUS | 2000 | ا د |
| TITLE | Р | ☐ Delete | TITLE | V1-Q-150-11 | <u></u> | ☐ Change | ☐ Addition |
| NAME | ERICKSON, BEATRICE | | NAME | | | | |
| STREET ADDRESS | 1050 LONGBOAT CLUB RD 502 | | STREET ADDRESS CITY-ST-ZIP | | | | } |
| CITY-ST-ZIP | LONGBOAT KEY, FL 34228 | | | | | ☐ Change | Addition |
| TITLE NAME | ZARETSKY, DIANE | ☐ Delete | TITLE NAME | | | | , D'Addition |
| STREET ADDRESS | 1000 LONGBOAT CLUB RD., 606 | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | LONGBOAT KEY, FL 34228 | | CITY-ST-ZIP | | | | |
| TITLE · | T · | ☐ Delete | TITLE | | | Change | Addition |
| NAME | REISFELD, ART | | NAME - STREET ADDRESS | | | | |
| STREET ADDRESS* City-St-Zip | 1000 LONGBOAT CLUB RD 300 - LONGBOAT KEY, FL 34228 | | CITY-ST-ZIP | | | | |
| TITLE | D | □ Delete | TITLE | | | ☐ Change | Addition |
| NAME | MILLER, JIM | | NAME | | | | _ |
| STREET ADDRESS | 1050 LONGBOAT CLUB RD 601 | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | LONGBOAT KEY, FL 34228 | | CITY-ST-ZIP | | | | |
| TITLE | Ī | ☐ Delete | TITLE | | | Change | Addition |
| | | | NAME | | | | |
| NAME | | | NAME STREET ADDRESS | | | | |
| | | | NAME STREET ADDRESS CITY-ST-ZIP | | | | : |

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 tike empowered. SIGNATURE: