2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 01, 2006 8:00 am Secretary of State DOCUMENT # N9400000935 1. Entity Name 03-01-2006 90030 034 \*\*\*\*61.25 THE LONGBOAT KEY GARDEN CLUB, INC. Principal Place of Business Mailing Address 560 LYONS LANE PO BOX 292 LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State Applied For City & State 4. FEI Number 59-2387836 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Wr John Kerwin Street Address (P.O. Box Number is Not Acceptable) WILSON, CATHY 615 NORTH OSPREY AVENUE SARASOTA FL 34236 Place 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. FILE NOW: FEE IS \$61.25 9. Election Carpoaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE **Z**2 Delete TITLE Williams, Nudy KERWIN, BARBARA NAME NAME 560 Lyons Lane STREET ADDRESS 5 WINSLOW PLACE STREET ADDRESS Longboat Key, FL34228 LONGBOAT KEY FL 34228 City-ST-7IP CITY - ST - Z(P VD TITLE Delete TITLE Addition WILLIAMS, JUDY NAME NAME 560 LYONS LANE STREET ADDRESS STREET ADDRESS LONGBOAT KEY FL 34228 CITY-ST-ZIP CITY-ST-ZIP Delete \_\_\_\_\_Addition\_ HAYDEN, LYNNE NAME NAME 740 RUSSELL ST STREET ADDRESS STREET ADDRESS LONGBOAT KEY FL 34228 CITY-ST-ZIP CITY-ST-ZIP Z Delete TITLE TD TITLE ☐ Addition Kerwin, W. John 5 Winslow Place NAME WILSON, CATHY NAME STREET ADDRESS 615 NORTH OSPREY AVE STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP MD Detete TITLE ☐ Addition WEBSTER, JOAN NAME NAME Fair Oaks Drive 5555 GULF OF MEXICO DR., #101 STREET ADDRESS STREET ADDRESS LONGBOAT KEY FL 34228 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: