

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90386 020 ****61.25

DOCUMENT # N94000000935					
1. Entity Name THE LONGBOAT KEY GARDEN CLUB, INC.					
Principal Place of Business 560 LYONS LANE LONGBOAT KEY, FL 34228 US			Mailing Address PO BOX 292 LONGBOAT KEY, FL 34228 US		
2. Principal Place of Business - No P.O. Box # 3518 Fair Oaks Dr.		3. Mailing Address Suite, Apt. #, etc.			
City & State Longboat Key		City & State Longboat Key		4. FEI Number 59-2387836	
Zip 34228		Country Sarasota		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KERWIN, W. JOHN 5 WINSLOW PL LONGBOAT KEY, FL 34228			7. Name and Address of New Registered Agent 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, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME WILLIAMS, JUDY STREET ADDRESS 560 LYONS LANE CITY-ST-ZIP LONGBOAT KEY, FL 34228	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Susan Landau STREET ADDRESS 3518 Fair Oaks Dr. CITY-ST-ZIP Longboat Key, FL 34228	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME BISHOP, BARBARA STREET ADDRESS 727 SPANISH DR S CITY-ST-ZIP LONGBOAT KEY, FL 34228	<input checked="" type="checkbox"/> Delete		TITLE VD NAME Phyllis Black STREET ADDRESS 340-A Gulf of Mexico Dr. # 112 CITY-ST-ZIP Longboat Key, FL 34228	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME GILBERT, EMMY LOU STREET ADDRESS 774 NORTON ST CITY-ST-ZIP LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete		TITLE TD NAME Cathy M. Wilson STREET ADDRESS 615 N. Osprey Ave. CITY-ST-ZIP Sarasota, FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MD NAME LANDAU, SUSAN STREET ADDRESS 3518 FAIR OAKS DR CITY-ST-ZIP LONGBOAT KEY, FL 34228	<input checked="" type="checkbox"/> Delete		TITLE MD NAME Jackie Salvo STREET ADDRESS 3350 Gulf of Mexico Dr. CITY-ST-ZIP Longboat Key, FL 34228	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			4/23/08 (941) 704-6201		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		