

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90044 010 \*\*\*\*70.00

**DOCUMENT # N96000003394**

1. Entity Name  
**GULFSHORE OF LONGBOAT KEY, INC.**



Principal Place of Business  
**3710 GULF OF MEXICO DR  
LONGBOAT KEY, FL 34228**

Mailing Address  
**3710 GULF OF MEXICO DR  
LONGBOAT KEY, FL 34228**

**40004741**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03172005

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**65-0686091**

Applied For  
Not Applicable

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

**KORP, WILLIAM R  
333 S TAMiami TRAIL SUITE 199  
VENICE, FL 34285**

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, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☒ Delete  
NAME **DOWNHAM, JOHN**  
STREET ADDRESS **3710 GULF OF MEXICO DR**  
CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

TITLE **P** ☐ Change ☒ Addition  
NAME **WHITE, IRIS**  
STREET ADDRESS **3710 GULF OF MEXICO DR**  
CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

TITLE **T** ☒ Delete  
NAME **KLOTH, PAUL**  
STREET ADDRESS **3710 GULF OF MEXICO DR**  
CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

TITLE **VP** ☐ Change ☒ Addition  
NAME **WIESE CAROL**  
STREET ADDRESS **3710 GULF OF MEXICO DR**  
CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

TITLE **D** ☐ Delete  
NAME **BAKER, LOUISE**  
STREET ADDRESS **3710 GULF OF MEXICO DR**  
CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

TITLE **D** ☐ Change ☒ Addition  
NAME **MAZDUFF CATHERINE**  
STREET ADDRESS **3710 GULF OF MEXICO DR**  
CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

TITLE **D** ☒ Delete  
NAME **DYE, CHARLIE**  
STREET ADDRESS **3710 GULF OF MEXICO DR F-1**  
CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

TITLE **D** ☐ Change ☒ Addition  
NAME **EXSTROM, PETER**  
STREET ADDRESS **3710 GULF OF MEXICO DR**  
CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

TITLE **X** ☒ Delete  
NAME **WHITE, IRIS**  
STREET ADDRESS **3710 GULF OF MEXICO DR**  
CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

TITLE **T** ☐ Change ☒ Addition  
NAME **FREELAND JERRY MICHAEL**  
STREET ADDRESS **3710 GULF OF MEXICO DR**  
CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

TITLE **P** ☒ Delete  
NAME **NIETING, JOEL**  
STREET ADDRESS **3710 GULF OF MEXICO DR**  
CITY-ST-ZIP **LONGBOAT, FL 34228**

TITLE **D** ☐ Change ☒ Addition  
NAME **NEWTON CARROLL**  
STREET ADDRESS **3710 GULF OF MEXICO DR**  
CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

**4-8-05**

**941-383-2254**