


2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90046 003 \*\*\*\*61.25

<b>DOCUMENT # N99000000891</b> 1. Entity Name <b>LONGBOAT KEY MARINA CONDOMINIUM ASSOCIATION II, INC.</b>					
Principal Place of Business <b>2800 HARBOURSIDE DRIVE LONGBOAT KEY, FL 34228</b>			Mailing Address <b>2940 S TAMiami TRL. SARASOTA, FL 34239</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0322977</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ULRICH, RICHARD A 2940 S TAMiami TRAIL SARASOTA, FL 34239</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (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. <input type="checkbox"/>		<b>\$5.00</b> 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SCHEYER, STUART 2800 HARBOURSIDE DRIVE LONGBOAT KEY, FL 34228</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD THOMAS B. COULTER 2800 HARBOURSIDE DR LONGBOAT KEY FL 34228</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD VERNON, WILLIAM 2800 HARBOURSIDE DRIVE LONGBOAT KEY, FL 34228</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD LEWIS, FULTON 2800 HARBOURSIDE DR. LONGBOAT KEY, FL 34228</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD ROSS, MELVIN 2800 HARBOURSIDE DRIVE LONGBOAT KEY, FL 34228</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD Ross, Melvin 2800 Harbourside Drive Longboat Key, FL 34228</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MAIN, JAMES 2800 HARBOURSIDE DRIVE LONGBOAT KEY, FL 34228</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD Price, Ben 2800 Harbourside Drive Longboat Key, FL 34228</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD PETTY, ROSIE 2800 HARBOURSIDE DR. LONGBOAT KEY, FL 34228</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD Petty, Rosie 2800 Harbourside Drive Longboat Key, FL 34228</b>	
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 another like empowered.					
<b>SIGNATURE: Thomas B. Coulter</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				(941) 383-8383 <small>Date Daytime Phone #</small>	