2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000891

FILED Jan 10, 2006 Secretary of State

Entity Name: LONGBOAT KEY MARINA CONDOMINIUM ASSOCIATION II, INC.

Current Principal Place of Business: New Principal Place of Business: 2800 HARBOURSIDE DRIVE LONGBOAT KEY, FL 34228 **Current Mailing Address: New Mailing Address:** 2940 S TAMIAMI TRL SARASOTA, FL 34239 FEI Number: 65-0322977 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ULRICH, RICHARD A 2940 S TAMIAMI TRAIL SARASOTA, FL 34239 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition SCHEYER, STUART SCHEYER, STUART Name: Name: 2800 HARBOURSIDE DRIVE Address: 2800 HARBOURSIDE DRIVE Address: City-St-Zip: LONGBOAT KEY, FL 34228 City-St-Zip: LONGBOAT KEY, FL 34228 Title: () Delete Title: (X) Change () Addition COULTER, THOMAS B Name: MADDEN, ROBERT Name: Address: 2800 HARBOURSIDE DRIVE Address: 2800 HARBOURSIDE DRIVE City-St-Zip: LONGBOAT KEY, FL 34228 City-St-Zip: LONGBOAT KEY, FL 34228 Title: () Delete Title: () Change () Addition LEWIS, FULTON Name: Name: 2800 HARBOURSIDE DR. Address: Address: City-St-Zip: LONGBOAT KEY, FL 34228 City-St-Zip: Title: VD Title: () Change () Addition () Delete Name: ROSS, MELVIN Name: 2800 HARBOURSIDE DRIVE Address: Address: LONGBOAT KEY, FL 34228 City-St-Zip: City-St-Zip: Title: VD () Delete Title: PΠ (X) Change () Addition PRICE, BEN Name: Name: PRICE, BEN 2800 HARBOURSIDE DRIVE 2800 HARBOURSIDE DRIVE Address: Address: City-St-Zip: LONGBOAT KEY, FL 34228 City-St-Zip: LONGBOAT KEY, FL 34228 Title: () Delete Title: () Change () Addition PETTY ROSIE Name: Name: Address: 2800 HARBOURSIDE DR. Address: LONGBOAT KEY, FL 34228 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FULTON LEWIS SD 01/10/2006