

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725605

Entity Name: LONGBEACH CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**

C/O REALMANAGE
4134 GULF OF MEXICO DRIVE SUITE 203
LONGBOAT KEY, FL 34228-1109

Current Mailing Address:

C/O REALMANAGE
PO BOX 803555
DALLAS, TX 75380 US

FEI Number: 59-1543431**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

LAW OFFICES OF WELLS OLAH COJARAN, P.A.
3277 FRUITVILLE RD BLDG B
SARASOTA, FL 34237 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

Officer/Director Detail :

Title PRESIDENT
Name BUTLER, PETER
Address C/O REALMANAGE
 4134 GULF OF MEXICO DRIVE SUITE
 203
City-State-Zip: LONGBOAT KEY FL 34228-1109

Title TREASURER
Name KUKLA, THOMAS
Address C/O REALMANAGE
 4134 GULF OF MEXICO DRIVE SUITE
 203
City-State-Zip: LONGBOAT KEY FL 34228-1109

Title DIRECTOR
Name HAREZA, DENNIS
Address C/O REALMANAGE
 4134 GULF OF MEXICO DRIVE SUITE
 203
City-State-Zip: LONGBOAT KEY FL 34228-1109

Title DIRECTOR
Name NAMEROW, PEARILA
Address C/O REALMANAGE
 4134 GULF OF MEXICO DRIVE SUITE
 203
City-State-Zip: LONGBOAT KEY FL 34228-1109

Title VP
Name BENSON, MARY
Address C/O REALMANAGE
 4134 GULF OF MEXICO DRIVE SUITE
 203
City-State-Zip: LONGBOAT KEY FL 34228-1109

Title DIRECTOR
Name ARCHIALE, CHERYL
Address C/O REALMANAGE
 4134 GULF OF MEXICO DRIVE SUITE
 203
City-State-Zip: LONGBOAT KEY FL 34228-1109

Title DIRECTOR
Name GUSWEILER, JIM
Address C/O REALMANAGE
 4134 GULF OF MEXICO DRIVE SUITE
 203
City-State-Zip: LONGBOAT KEY FL 34228-1109

I hereby 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 all other like empowered.

SIGNATURE: PETER BUTLER**PRESIDENT****04/18/2023**

Electronic Signature of Signing Officer/Director Detail

Date