

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000000169

**Entity Name:** THE GRANDE AT LONGBOAT KEY CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 18, 2022**  
**Secretary of State**  
**2300405962CC**

**Current Principal Place of Business:**

595 BAY ISLES ROAD  
STE 100  
LONGBOAT KEY, FL 34228

**Current Mailing Address:**

PO BOX 8158  
LONGBOAT KEY, FL 34228 US

**FEI Number: 65-0888847**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NOVAK, DAVID  
595 BAY ISLES ROAD  
STE 100  
LONGBOAT KEY, FL 34228 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: DAVID NOVAK**

**03/18/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ST  
Name HOERNER, JOSEPH  
Address 595 BAY ISLES ROAD  
STE 100  
City-State-Zip: LONGBOAT KEY FL 34228

Title P  
Name NECHTEM, CHARLES  
Address 595 BAY ISLES ROAD  
STE 100  
City-State-Zip: LONGBOAT KEY FL 34228

Title DIRECTOR  
Name PERLIN, JONATHAN  
Address 595 BAY ISLES ROAD  
STE 100  
City-State-Zip: LONGBOAT KEY FL 34228

Title VP  
Name START, RICK  
Address 595 BAY ISLES ROAD  
STE 100  
City-State-Zip: LONGBOAT KEY FL 34228

Title ASST. SECRETARY  
Name NOVAK, DAVID  
Address 595 BAY ISLES ROAD  
STE 100  
City-State-Zip: LONGBOAT KEY FL 34228

*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: DAVID NOVAK**

**MANAGER**

**03/18/2022**

Electronic Signature of Signing Officer/Director Detail

Date