

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90022 034 ****61.25

000217

DOCUMENT # N96000000469

1. Entity Name

SHORES OF LONG BAYOU I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**SHORELINE DRIVE
 PETERSBURG FL 33708**

**6251 SHORELINE DRIVE
 ST. PETERSBURG FL 33708**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3360035

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JAKEWAY, LYNN
 6251 SHORELINE DRIVE
 #2302
 SEMINOLE FL 33708**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE: PD NAME: WELTON, JOHN <input checked="" type="checkbox"/> Delete STREET ADDRESS: 6251 SHORELINE DRIVE, #2202 CITY-ST-ZIP: SEMINOLE FL 33708	TITLE: PD NAME: GRECO, JOE <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: 6251 SHORELINE DR. #2204 CITY-ST-ZIP: SEMINOLE, FL. 33708
TITLE: VPD NAME: JAKEWAY, LYNN <input type="checkbox"/> Delete STREET ADDRESS: 6251 SHORELINE DRIVE, #2302 CITY-ST-ZIP: SEMINOLE FL 33708	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: GREEN, BARBARA <input type="checkbox"/> Delete STREET ADDRESS: 6251 SHORELINE DRIVE, #2301 CITY-ST-ZIP: SEMINOLE FL 33708	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: WERTZ, ALDENE <input type="checkbox"/> Delete STREET ADDRESS: 6251 SHORELINE DRIVE, #2206 CITY-ST-ZIP: SEMINOLE FL 33708	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED BARBARA GREEN 1/8/02 727 319 0250

CR2E037 (9/01)