

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

01-26-2005 90005 021 ****61.25

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01212005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3360035	Applied For Not Applicable
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5. Certificate of Status Desired \$6.75 Additional Fee Required

DOCUMENT # N96000000469
 1. Entity Name
SHORES OF LONG BAYOU I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 6251 SHORELINE DRIVE ST. PETERSBURG, FL 33708	Mailing Address 6251 SHORELINE DRIVE ST. PETERSBURG, FL 33708
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
JAKEWAY, LYNN
 6251 SHORELINE DRIVE
 #2302
 SEMINOLE, FL 33708

DO NOT WRITE IN THIS SPACE

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: Barbara Green DATE: 2/24/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRECO, JOE 6251 SHORELINE DR #2204 SEMINOLE, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JAKEWAY, LYNN 6251 SHORELINE DRIVE, #2302 SEMINOLE, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREEN, BARBARA 6251 SHORELINE DRIVE, #2301 SEMINOLE, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WERTZ, ALDENE 6251 SHORELINE DRIVE, #2208 SEMINOLE, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: