


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90099 027 \*\*\*\*61.25

|   |   |
|---|---|
| <b>DOCUMENT # N96000000469</b><br>1. Entity Name<br><b>SHORES OF LONG BAYOU I CONDOMINIUM ASSOCIATION, INC.</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>6251 SHORELINE DRIVE<br>ST. PETERSBURG, FL 33708 | Mailing Address<br>6251 SHORELINE DRIVE<br>ST. PETERSBURG, FL 33708 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



01192007 No Chg-NP CR2E037 (4/06)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>59-3380035</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

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

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>GRECO, JOE<br>6251 SHORELINE DR #2204<br>SEMINOLE, FL 33708         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>JAKEWAY, LYNN<br>6251 SHORELINE DRIVE, #2302<br>SEMINOLE, FL 33708 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>GREEN, BARBARA<br>6251 SHORELINE DRIVE, #2301<br>SEMINOLE, FL 33708 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>MUNNY, INGRID<br>6251 SHORELINE DR SUITE 2306<br>SEMINOLE, FL 33708 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Barbara Green*  
*BARBARA GREEN*

*January 19<sup>th</sup> 2007*      *727-319 0250*