

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 08, 2009
Secretary of State**

DOCUMENT# N96000000469

Entity Name: SHORES OF LONG BAYOU I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6251 SHORELINE DRIVE
ST. PETERSBURG, FL 33708

New Principal Place of Business:

Current Mailing Address:

6251 SHORELINE DRIVE
ST. PETERSBURG, FL 33708

New Mailing Address:

FEI Number: 59-3360035 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRECO, JOE
Address: 6251 SHORELINE DR #2204
City-St-Zip: SEMINOLE, FL 33708

Title: VPD () Delete
Name: JAKEWAY, LYNN
Address: 6251 SHORELINE DRIVE, #2302
City-St-Zip: SEMINOLE, FL 33708

Title: TD () Delete
Name: GREEN, BARBARA
Address: 6251 SHORELINE DRIVE, #2301
City-St-Zip: SEMINOLE, FL 33708

Title: SD () Delete
Name: MURRAY, INGRID
Address: 6251 SHORELINE DR 2306
City-St-Zip: SAINT PETERSBURG, FL 33708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BARBARA GREEN

TD

01/08/2009

Electronic Signature of Signing Officer or Director

Date