

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000469

**FILED**  
**Jan 21, 2010**  
**Secretary of State**

**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  
Name: GRECO, JOE  
Address: 6251 SHORELINE DR #2204  
City-St-Zip: SEMINOLE, FL 33708

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

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

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

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: BARBARA GREEN

TD

01/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date