FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # N9600004403

1. Corporation Name

SHORES OF LONG BAYOU II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 6301 SHORELINE DRIVE ST. PETERSBURG FL 33708 Mailing Address

6301 SHORELINE DRIVE ST. PETERSBURG FL 33708

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90047 002 ****61.25

2. Principal P	lace of Business	2a. Mailing Address		Date Incorporated or Qualifed			
21 6315	SHORELINE DR	26 6315 SHOREL	INE DR				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number		oplied For	
22 #3	000	27 # 3000	1	59-3401481		ot Applicable	
City & Stat	ETERSBURG FL	City & State 28 ST PETERS B	SURG FL	5. Certifcate of Status Desired	\$8.75 A		
Zip_ >	Country	Zip 33708	Country	6. Election Campaign Financing	\$5.00	May Be	
Zip 331	708 _[25] 05A	29 3-2070 3	$0 \cup SA$	Trust Fund Contribution	Added	to Fees	
=-1	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered A	gent		
			81 Name	•			
RADI OW	DENISE		82 Street	Address (P.O. Box Number is Not Acceptable)			
BARLOW, DENISE 6315 SHORELINE DRIVE #3105				Officer Address (F.O. Box Humber is Not Acceptable)			
	RSBURG FL 33708		83		•		
SI FEIER	1350HG FL 33700		04 00		85 Zip (Code	
			84 City	FL	85 ZIP	Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered-agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am taphiliar with, and accept the obligations of, Saction 617.0503, Florida Statutes. SIGNATURE Supplies average or printed parts of (Pristered agent and little if applicable). (NOTE: Registered Agent signature required when reinstating) DATE							
40	Ignature, typed or printed name of registered agent a	· · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	ORS IN 12	
12.	OFFICERS AND	DELETE	1.1 TITLE		Change	Addition	
TITLE	PD PARIOT PENIOR						
NAME	BARLOW, DENISE		1.2 NAME				
STREET ADDRESS		1	1.3 STREET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33708	☐ DELETE	1.4 CITY-ST-ZIP		Change	☐ Addition	
TITLE	5 0	☐ DELETE	2.1 TITLE		onango		
NAME	LATTIMER, WILLIAM		2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33708	No perere	2.4 CITY-ST-ZIP		Change	Addition	
TITLE	TD	DELETE	3.1 TITLE		□ Orlasige		
NAME	O'MALLEY, PAUL		3.2 NAME			المناد مستدي	
STREET ADDRESS	*		3.3 STREET ADDRESS			•	
CITY-ST-ZIP	ST. PETERSBURG FL 33708	D DELETE	3.4. CITY-ST-ZIP		Change	MA Addition	
TITLE	[☐ DELETE	4.1 TITLE	וו ט	_ ,	Addition	
NAME			4.2 NAME	Han Lawrence to	2 <i>2</i> 01		
STREET ADDRESS		E. Van Hill F.	4.3 STREET ADDRESS	Pan Lawrence 6315 Shoreline Drive # 54. Referburg, FL 3370S	اسر		
CITY-ST-ZIP	<u> </u>	7, 7 s	4.4 CITY- ST-ZIP	St. Peters burg, FL 33705			
TITLE)	☐ DELETÉ	5.1 TITLE		Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		Change	Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
			64 CITY- ST-7IP				

14. 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 annual report or supplemental annual 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 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GRATURE AND TYPED OF SERVICE HAME OF SIGNING OFFICER OR DIRECTOR

3/2/gg

8/3- 386-4995 Davime Phone # 32E037 (11/98)