

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90208 032 ****61.25

DOCUMENT # N96000004403

1. Entity Name

SHORES OF LONG BAYOU II CONDOMINIUM ASSOCIATION,



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6315 SHORE LINE DR #3000 ST. PETERSBURG FL 33708 US	Mailing Address 6315 SHORE LINE DR #3000 ST. PETERSBURG FL 33708 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3401481	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCMANUS, DOROTHY
6315 SHORELINE DR #3106
ST PETERSBURG FL 33708

7. Name and Address of New Registered Agent

Name **Dorothy Sorsby**
 Street Address (P.O. Box Number is Not Acceptable)
6315 SHORELINE DRIVE #3307
 City **ST. PETERSBURG FL** Zip Code **33708**

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.

SIGNATURE *Dorothy Sorsby* DATE 1-24-2001

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME PD MCMANUS, DOROTHY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 6315 SHORELINE DR #3106	
CITY-ST-ZIP SAINT PETERSBURG FL 33708	
TITLE NAME TD LATTIMER, WILLIAM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 6315 SHORELINE DRIVE #3302	
CITY-ST-ZIP ST. PETERSBURG FL 33708	
TITLE NAME D BOCCINO, ARLENE	<input type="checkbox"/> Delete
STREET ADDRESS 6315 SHORELINE DR #3104	
CITY-ST-ZIP ST. PETERSBURG FL 33708	
TITLE NAME D ORLAN, PHYLLIS	<input type="checkbox"/> Delete
STREET ADDRESS 6315 SHORELINE DR #3108	
CITY-ST-ZIP SAINT PETERSBURG FL 33708	
TITLE NAME D SORSBY, DOROTHY	<input type="checkbox"/> Delete
STREET ADDRESS 6215 SHORELINE DR	
CITY-ST-ZIP SAINT PETERSBURG FL 33708	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME PD JACK G. ANDERSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 6315 SHORELINE DRIVE #3205	
CITY-ST-ZIP ST PETERSBURG, FL 33708	
TITLE NAME TD JIM SHEPPARD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 6315 SHORELINE DR #3203	
CITY-ST-ZIP ST. PETERSBURG, FL 33708	
TITLE NAME Y/D Buccino, Arlene	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6315 Shoreline Dr #3104	
CITY-ST-ZIP St. Petersburg FL 33708	
TITLE NAME S/D Sorsby, Dorothy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6315 Shoreline Dr #3307	
CITY-ST-ZIP St. Petersburg, FL 33708	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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: *Dorothy Sorsby* DATE 1-24-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)