

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**


**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90082 028 \*\*\*\*61.25

**DOCUMENT # N96000004403**

1. Entity Name


**SHORES OF LONG BAYOU II CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
6315 SHORE LINE DR #3000 ST. PETERSBURG FL 33708 US	6315 SHORE LINE DR #3000 ST. PETERSBURG FL 33708 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country
Zip	Country



1st MOORE CR2E037 (10/04)

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

6. Name and Address of Current Registered Agent

**SORSBY, DOROTHY**  
**6315 SHORELINE DR #3307**  
**ST PETERSBURG FL 33708**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**  
**Due By May 1, 2005**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLER, LARRY	
STREET ADDRESS	6315 SHORELINE DR # 3301	
CITY-ST-ZIP	SAINT PETERSBURG FL 33708	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, JACK G	
STREET ADDRESS	6315 SHORELINE DRIVE #3205	
CITY-ST-ZIP	ST. PETERSBURG FL 33708	
TITLE	ND	<input type="checkbox"/> Delete
NAME	BACCINO, ARLENE	
STREET ADDRESS	6315 SHORELINE DR #3104	
CITY-ST-ZIP	ST. PETERSBURG FL 33708	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHMIDT, ROBERT	
STREET ADDRESS	6315 SHROELINE DR., #3306	
CITY-ST-ZIP	SAINT PETERSBURG FL 33708	
TITLE	SDI	<input type="checkbox"/> Delete
NAME	SORSBY, DOROTHY	
STREET ADDRESS	6315 SHORELINE DR. #3104	
CITY-ST-ZIP	SAINT PETERSBURG FL 33708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Sims	
STREET ADDRESS	6315 Shoreline Dr. #3305	
CITY-ST-ZIP	St. Petersburg FL 33708	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Thomson	
STREET ADDRESS	6315 Shoreline Dr. #3308	
CITY-ST-ZIP	St. Petersburg FL 33708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 M Sorsby Date: Feb 15, 2005 927  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 397-2611