


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90057 003 ****61.25

DOCUMENT # N96000004403					
1. Entity Name SHORES OF LONG BAYOU II CONDOMINIUM ASSOCIATION, INC.					
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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	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			7. Name and Address of New Registered Agent		
SORSBY, DOROTHY 6315 SHORELINE DR #3307 ST PETERSBURG, FL 33708			Name JOHANNA V SILVA		
			Street Address (P.O. Box Number is Not Acceptable) 6315 SHORELINE DR # 3106		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Johanna V. Silva</i>		(NOTE: Registered Agent signature required when reinstating)		DATE 2-3-06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIMS, ROBERT		NAME		
STREET ADDRESS	6315 SHORELINE DR #3305		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMSON, JIM		NAME	PHYLLIS ORLAN	
STREET ADDRESS	6315 SHORLINE DR #3308		STREET ADDRESS	6315 SHORELINE DR # 3108	
CITY-ST-ZIP	ST. PETERSBURG, FL 33708		CITY-ST-ZIP	ST PETERSBURG, FL 33708	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOCCINO, ARLENE		NAME		
STREET ADDRESS	6315 SHORELINE DR #3104		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33708		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT, ROBERT		NAME		
STREET ADDRESS	6315 SHROELINE DR., #3306		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708		CITY-ST-ZIP		
TITLE	SDT	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORSBY, DOROTHY		NAME	SHARON STACY	
STREET ADDRESS	6315 SHORELINE DR. #3104		STREET ADDRESS	6315 SHORELINE DR # 3107	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708		CITY-ST-ZIP	ST. PETERSBURG, FL 33708	
TITLE		<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	JOHANNA V SILVA	
STREET ADDRESS			STREET ADDRESS	6315 SHORELINE DR # 3106	
CITY-ST-ZIP			CITY-ST-ZIP	ST PETERSBURG, FL 33708	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Johanna V. Silva</i>		2-3-06		727-568-1113	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	