


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90077 025 \*\*\*\*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 - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

40013752



01042007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent  
 SILVA, JOHANNA V  
 6315 SHORELINE DR, # 3106  
 SAINT PETERSBURG, FL 33708

4. FEI Number  
 59-3401481

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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: *Johanna V. Silva* DATE: 2-1-07

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

Filing Fee is \$61.25 Due by May 1, 2007

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	P	<input type="checkbox"/> Delete
NAME	SIMS, ROBERT	
STREET ADDRESS	6315 SHORELINE DR #3305	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORLAN, PHYLLIS	
STREET ADDRESS	6315 SHORELINE DR # 3108	
CITY-ST-ZIP	SAINT 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	SD	<input type="checkbox"/> Delete
NAME	STACY, SHARON	
STREET ADDRESS	6315 SHORELINE DR # 3107	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SILVA, JOHANNA V	
STREET ADDRESS	6315 SHORELINE DR # 3106	
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		<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		
TITLE	D	<input checked="" 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		
TITLE	VTD	<input checked="" 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 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: *Johanna V. Silva* JOHANNA V. SILVA 2-1-07 (727) 568-1113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #