

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90055 033 ****61.25

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01242008 Chg-NP CR2E037 (12/06)

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 #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3401481		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SILVA, JOHANNA V. 6315 SHORELINE DR, #3106 SAINT PETERSBURG, FL 33708		Name <i>Kirk Bliss, CEO, President</i> Street Address (P.O. Box Number is Not Acceptable) <i>4115 East Bay Dr.</i> <i>Suite 205</i> City <i>Clearwater</i> FL Zip Code <i>33764</i>	
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>		SIGNATURE <i>Kirk Bliss</i>	
Signature, typed or printed name of registered agent and title if applicable.		NOTE: Registered Agent signature required when reinstating.	
DATE <i>2-02-08</i>		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORLAN, PHYLLIS	NAME	
STREET ADDRESS	6315 SHORELINE DR # 3108	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708	CITY-ST-ZIP	
TITLE	D <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	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STACY, SHARON	NAME	<i>SD SANDRA WILLIAMS</i>
STREET ADDRESS	6315 SHORELINE DR # 3107	STREET ADDRESS	<i>6315 SHORELINE DR # 3307</i>
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708	CITY-ST-ZIP	<i>SAINT PETERSBURG FL 33708</i>
TITLE	VTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVA, JOHANNA V	NAME	
STREET ADDRESS	6315 SHORELINE DR # 3106	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>Johanna V. Silva</i>		SIGNATURE: <i>JOHANNA V. SILVA</i>	
Signature and typed or printed name of signing officer or director		Signature and typed or printed name of signing officer or director	
Date		Date <i>02-02-08</i>	
Daytime Phone #		Daytime Phone # <i>727-568-1113 (work)</i>	