

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004403

FILED  
Apr 03, 2009  
Secretary of State

Entity Name: SHORES OF LONG BAYOU II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6315 SHORE LINE DR  
#3000  
ST. PETERSBURG, FL 33708 US

**New Principal Place of Business:**

**Current Mailing Address:**

6315 SHORE LINE DR  
#3000  
ST. PETERSBURG, FL 33708 US

**New Mailing Address:**

FEI Number: 59-3401481      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COMMUNITY MANAGEMENT CONCEPTS, INC.  
4585 140TH AVE. NORTH SUITE 1012  
CLEARWATER, FL 33762 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SIMS, ROBERT  
Address: 6315 SHORELINE DR #3305  
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: D ( ) Delete  
Name: ORLAN, PHYLLIS  
Address: 6315 SHORELINE DR # 3108  
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: D ( ) Delete  
Name: SCHMIDT, ROBERT  
Address: 6315 SHROELINE DR., #3306  
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: SD ( ) Delete  
Name: WILLIAMS, SANDRA  
Address: 6315 SHORELINE DR. #3307  
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: VTD ( ) Delete  
Name: SILVA, JOHANNA V  
Address: 6315 SHORELINE DR # 3106  
City-St-Zip: SAINT PETERSBURG, FL 33708

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT SIMS

P

04/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date