

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004403

FILED  
Apr 15, 2010  
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:**

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

**Current Mailing Address:**

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

**New Mailing Address:**

4585 140TH AVENUE N  
SUITE 1012  
CLEARWATER, FL 33762 US

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:**

COMMUNITY MANAGEMENT CONCEPTS, INC.  
4585 140TH AVENUE N  
SUITE 1012  
CLEARWATER, FL 33762 US

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: KIRK BLISS

04/15/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GRECCO, JOE  
Address: 6315 SHORELINE DR #2204  
City-St-Zip: ST PETERSBURG, FL 33708

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

Title: VP  
Name: SCHMIDT, ROBERT  
Address: 6315 SHROELINE DR #3306  
City-St-Zip: ST PETERSBURG, FL 33708

Title: S  
Name: WILLIAMS, SANDRA  
Address: 6315 SHORELINE DR #3307  
City-St-Zip: ST PETERSBURG, FL 33708

Title: T  
Name: SILVA, JOHANNA V  
Address: 6315 SHORELINE DR #3106  
City-St-Zip: ST PETERSBURG, FL 33708

I hereby 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 all other like empowered.

SIGNATURE: GLENN ODOM

MGR

04/15/2010

Electronic Signature of Signing Officer or Director

Date