

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 \* AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**

98 FEB 27 AM 8:51

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**REINSTATEMENT 97-98**  
 DO NOT WRITE IN THIS SPACE

**DOCUMENT # N96000005766 (8)**  
 1. Corporation Name  
**SHORES OF LONG BAYOU III CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business 6301 SHORELINE DR ST PETERSBURG FL 33708	Mailing Address 6301 SHORELINE DR ST PETERSBURG FL 33708
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 11/07/1996	3a. Date of Last Report	4. FEI Number 59-3401481	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent HALL, MELINDA 6301 SHORELINE DR ST PETERSBURG FL 33708				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, SAM N	1.2 NAME	
STREET ADDRESS	6301 SHORELINE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33708	1.4 CITY-ST-ZIP	000002447440--5
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	-03/05/98--010000--006 Addition
NAME	HALL, MELINDA	2.2 NAME	*****175.00 *****175.00
STREET ADDRESS	6301 SHORELINE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33708	2.4 CITY-ST-ZIP	000002447440--5
TITLE	DST <input type="checkbox"/> DELETE	3.1 TITLE	-03/05/98--010000--007 Addition
NAME	HALL, TERRI	3.2 NAME	*****61.25 *****61.25
STREET ADDRESS	6301 SHORELINE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33708	3.4 CITY-ST-ZIP	000002447440--5
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	-03/05/98--010000--008 Addition
NAME		4.2 NAME	*****61.25 *****61.25
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE Melinda Hall SIGNATURE REQUIRED 9/17/97 813-391-2100

CR2E037 (4/97)