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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005766

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



2. Principal Place of Business

21 **6205 Shoreline Dr.**

Suite, Apt. #, etc.

22 **#1304**

City & State

23 **St. Petersburg FL**

Zip

24 **33708**

Country

25 **USA**

2a. Mailing Address

26 **6205 Shoreline Dr.**

Suite, Apt. #, etc.

27 **#1304**

City & State

28 **St. Petersburg FL**

Zip

29 **33708**

Country

30 **USA**

3. Date Incorporated or Qualified

11/07/1996

4. FEI Number

59-3401481

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

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

James Strubhart

82 Street Address (P.O. Box Number is Not Acceptable)

6205 Shoreline Dr.

83

Unit 1203

84 City

St. Petersburg

FL

85 Zip Code

33708

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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

James Strubhart President James Strubhart 1-23-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DV** ☒ DELETE

NAME **HALL, SAM N**
STREET ADDRESS **6301 SHORELINE DR**
CITY-ST-ZIP **ST PETERSBURG FL 33708**

TITLE **DP** ☒ DELETE

NAME **HALL, MELINDA**
STREET ADDRESS **6301 SHORELINE DR**
CITY-ST-ZIP **ST PETERSBURG FL 33708**

TITLE **DST** ☒ DELETE

NAME **HALL, TERRI**
STREET ADDRESS **6301 SHORELINE DR**
CITY-ST-ZIP **ST PETERSBURG FL 33708**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition

1.2 NAME **James Strubhart**
1.3 STREET ADDRESS **6205 Shoreline Dr. # 1203**
1.4 CITY-ST-ZIP **St. Petersburg FL 33708**

2.1 TITLE **Vice President DVP** ☒ Change ☐ Addition

2.2 NAME **Jeannette Lee**
2.3 STREET ADDRESS **6205 Shoreline Dr. Unit 1306**
2.4 CITY-ST-ZIP **St. Petersburg FL 33708**

3.1 TITLE **Secretary/Treasurer** ☒ Change ☐ Addition

3.2 NAME **Madge Larson DST**
3.3 STREET ADDRESS **6205 Shoreline Dr. # 1304**
3.4 CITY-ST-ZIP **St. Petersburg FL 33708**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James Strubhart President

1-23-99 727
James Strubhart 392-2625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)