

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90263 009 ****61.25

DOCUMENT # N96000005766

1. Entity Name
SHORES OF LONG BAYOU III CONDOMINIUM ASSOCIATION

Principal Place of Business 6205 SHORELINE DR 1304 ST PETERSBURG FL 33708 US	Mailing Address 6205 SHORELINE DR 1304 ST PETERSBURG FL 33708 US
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00014542



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 59-3401481	Applied For <input type="checkbox"/> Not Applicable
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Country	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
STRUBHART, JAMES
6205 SHORELINE DR
UNIT 1203
ST PETERSBURG FL 33708

7. Name and Address of New Registered Agent
 Name **Fred Bodamer**
 Street Address (P.O. Box Number is Not Acceptable) **6205 Shoreline Drive**
Unit 1102
 City **St Petersburg** FL Zip Code **33708**

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.

SIGNATURE DATE **1/29/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STRUBHART, JAMES 6205 SHORELINE DR 1203 ST PETERSBURG FL 33708 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LEE, JANNETTE 6205 SHORELINE DR UNIT 1306 ST PETERSBURG FL 33708 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BODAMAR, FRED 6205 SHORELINE DR UNIT 1102 SAINT PETERSBURG FL 33708 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LEE, JEANNETTE 6205 SHORELINE DR, UNIT 1306 SAINT PETERSBURG FL 33708 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Bodamer Fred 6205 Shoreline Dr #1102 ST Petersburg FL 33708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Joseph Marquant 6205 Shoreline Dr #1202 ST Petersburg FL 33708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSIT Jeannette Lee 6205 Shoreline Dr #1306 St. Petersburg FL 33708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: DATE **1/29/01** 727-395-0104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)