


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90018 039 \*\*\*\*61.25

**DOCUMENT # N96000005766**

1. Entity Name  
 SHORES OF LONG BAYOU III CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
 6205 SHORELINE DR  
 1000  
 ST PETERSBURG, FL 33708 US

Mailing Address  
 6205 SHORELINE DR  
 1000  
 ST PETERSBURG, FL 33708 US

**54014412**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 6301 Shoreline Dr.  
 Suite, Apt. #, etc.

02162004 Chg-NP CR2E037 (10/03)

City & State  
 St. Petersburg, FLA.

City & State  
 St. Petersburg, FLA.

Zip Country  
 33708 Pinellas

4. FEI Number  
 59-3401481

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BATIATO, PHILIP  
 6205 SHORELINE DR., 1303  
 SAINT PETERSBURG, FL 33708

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP LYMAN, JUDY 6205 SHORELINE DR #1204 ST PETERSBURG, FL 33708	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST LEE, JEANNETTE 6205 SHORELINE DR., #1306 SAINT PETERSBURG, FL 33708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BATIATO, PHILIP 6205 SHORELINE DR., 1303 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
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 Jim Fox 6205 Shoreline Dr. # 1301 St. Petersburg, FL 33708	<input type="checkbox"/> Change <input checked="" 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	DVP Frank Kelly 6205 Shoreline Dr. # 1105 St. Petersburg, FL 33708	<input type="checkbox"/> Change <input checked="" 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
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)(f), 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: 2/20/04 DAYTIME PHONE: 393-0611  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR