

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90047 035 \*\*\*\*61.25

**50018866**



1st MOORE CR2E037 (10/04)

<b>DOCUMENT # N96000005766</b>				
1. Entity Name <b>SHORES OF LONG BAYOU III CONDOMINIUM ASSOCIATION, INC.</b>				
Principal Place of Business <b>6205 SHORELINE DR <del>1000</del> ST PETERSBURG FL 33708 US</b>		Mailing Address <b>6301 SHORELINE DR ST PETERSBURG FL 33708 US</b>		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3401481</b>
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>BATIATO, PHILIP                  6205 SHORELINE DR., 1303                  SAINT PETERSBURG FL 33708</b>				7. Name and Address of New Registered Agent Name <b>CMC</b> Street Address (P.O. Box Number is Not Acceptable) <b>4175 E BAY DR. 205</b> City <b>CLEARWATER, FL</b>	
				FL Zip Code <b>33764-0000</b>	

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)

<b>FILE NOW - FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>FOX, JIM</b>			NAME	<b>Mel Smith</b>		
STREET ADDRESS	<b>6205 SHORELINE DR #1301</b>			STREET ADDRESS	<b>6205 Shoreline Dr. #1203</b>		
CITY-ST-ZIP	<b>ST PETERSBURG FL 33708</b>			CITY-ST-ZIP	<b>St. Petersburg, FL 33708</b>		
TITLE	<b>DST</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>LEE, JEANNETTE</b>			NAME			
STREET ADDRESS	<b>6205 SHORELINE DR., #1306</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33708</b>			CITY-ST-ZIP			
TITLE	<b>DVP</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>KEILY, FRANK</b>			NAME			
STREET ADDRESS	<b>6205 SHORELINE DR #1105</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33708</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: **FEB 15, 2005**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #