

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 27, 2009  
Secretary of State**

DOCUMENT# N96000005766

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

**Current Principal Place of Business:**

6205 SHORELINE DR  
1000  
ST PETERSBURG, FL 33708 US

**New Principal Place of Business:**

6205 SHORELINE DR  
ST PETERSBURG, FL 33708 US

**Current Mailing Address:**

6301 SHORELINE DR  
ST PETERSBURG, FL 33708 US

**New Mailing Address:**

4585 140TH AVE NORTH  
SUITE 1025  
CLEARWATER, FL 33762 US

FEI Number: 59-3438509      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COMMUNITY MANAGEMENT CONCEPTS, INC.  
4585 140TH AVE. NORTH SUITE 1012  
CLEARWATER, FL 33762 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DST ( ) Delete  
Name: LEE, JEANNETTE  
Address: 6205 SHORELINE DR., #1306  
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: DVP ( ) Delete  
Name: KEILY, FRANK  
Address: 6205 SHORELINE DR #1105  
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: P ( ) Delete  
Name: BATIATO, PHIL  
Address: 6205 SHAVELINE DR #2303  
City-St-Zip: SAINT PETERSBURG, FL 33708

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVP (X) Change ( ) Addition  
Name: VIEVLING, HENRY  
Address: 6205 SHORELINE DR #1104  
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: P (X) Change ( ) Addition  
Name: SMITH, MEL  
Address: 6205 SHORELINE DR #1203  
City-St-Zip: SAINT PETERSBURG, FL 33708

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MEL SMITH

P

03/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date