

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90044 034 ****61.25

DOCUMENT # N98000000499

1. Entity Name

SHORES OF LONG BAYOU IV CONDOMINIUM ASSOCIATION,

Principal Place of Business

Mailing Address

6301 SHORELINE DR.
 ST. PETERSBURG FL 33708

6301 SHORELINE DR.
 ST. PETERSBURG FL 33708-3591

2. Principal Place of Business

3. Mailing Address

6399 Shoreline Dr.

6399 Shoreline Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

59-3501544

Applied For

Not Applicable

Zip

Country

33708

USA

Zip

Country

33708

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENGSTON, N.P.
6399 SHORELINE DR.
#4303
ST. PETERSBURG FL 33708

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	BENGSTON, N.P.	6399 SHORELINE DR #4303	ST. PETERSBURG FL 33708	<input type="checkbox"/>
DV	SIMONS, JEAN	6399 SHORELINE DR. #4203	ST. PETERSBURG FL 33708	<input checked="" type="checkbox"/>
DS	SANGUINETT, JOHN	6399 SHORELINE DR. #4103	ST. PETERSBURG FL 33708	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
DST	SANGUINETT, JOHN	6399 Shoreline Dr #4301	St. Petersburg, FL 33708	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DV	JANE GILDEA	6399 Shoreline Dr. #4101	St. Petersburg, FL 33708	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *N.P. Bengston* **N.P. BENGSTON** 3/06/00 727-391-8998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)