


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90013 033 \*\*\*\*61.25

<b>DOCUMENT # N98000000499</b>					
1. Entity Name <b>SHORES OF LONG BAYOU IV CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business 6399 SHORELINE DR ST. PETERSBURG, FL 33708		Mailing Address 6399 SHORELINE DR ST. PETERSBURG, FL 33708			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3501544</b>	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Country		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BENGSTON, N.P.</b> 6399 SHORELINE DR. #4303 ST. PETERSBURG, FL 33708			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> 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: <i>Sharon Wall</i> <u>Sharon Wall</u>		President		DATE	
<b>Filing Fee is \$61.25 Due by May 1, 2007</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>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	Past - President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENGSTON, N.P.		NAME	Bengston, N.P.	
STREET ADDRESS	6399 SHORELINE DR #4303		STREET ADDRESS	6399 Shoreline Dr #4303	
CITY-ST-ZIP	ST. PETERSBURG, FL 33708		CITY-ST-ZIP	St. Petersburg, FL 33708	
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALL, SHARON		NAME		
STREET ADDRESS	6399 SHORELINE DR, # 4206		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33708		CITY-ST-ZIP		
TITLE	DST	<input type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASTRO, DAN		NAME	Mastro, Dan	
STREET ADDRESS	6399 SHORELINE DR #4305		STREET ADDRESS	6399 Shoreline Dr #4305	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708		CITY-ST-ZIP	St. Petersburg, FL 33708	
TITLE		<input type="checkbox"/> Delete	TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Tom O'Brien	
STREET ADDRESS			STREET ADDRESS	6399 Shoreline Dr #4203	
CITY-ST-ZIP			CITY-ST-ZIP	St. Petersburg, FL 33708	
TITLE		<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Bengston, Fay	
STREET ADDRESS			STREET ADDRESS	6399 Shoreline Dr	
CITY-ST-ZIP			CITY-ST-ZIP	St. Petersburg, FL 33708	
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 exemptions contained 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 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: <i>Sharon Wall</i>		President		2-27-07 727-393-6322	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
Sharon Wall					