


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90240 017 \*\*\*\*61.25

**DOCUMENT # N98000000499**

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



Principal Place of Business  
**6399 SHORELINE DR  
ST. PETERSBURG FL 33708**

Mailing Address  
**6399 SHORELINE DR  
ST. PETERSBURG FL 33708**

**90021884**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

4. FEI Number **59-3501544**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BENGSTON, N.P.  
6399 SHORELINE DR.  
#4303  
ST. 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)

**FILE NOW: FEE IS \$61.25**

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	DP	<input type="checkbox"/> Delete
NAME	BENGSTON, N.P.	
STREET ADDRESS	6399 SHORELINE DR #4303	
CITY-ST-ZIP	ST. PETERSBURG FL 33708	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GILDEA, JANE	
STREET ADDRESS	6399 SHORELINE DR #4104	
CITY-ST-ZIP	ST. PETERSBURG FL 33708	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SANGOINETT, JOHN	
STREET ADDRESS	6399 SHORELINE DR. #4104	
CITY-ST-ZIP	ST. PETERSBURG FL 33708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILDEA, JANE	
STREET ADDRESS	6399 Shoreline Dr #4101	
CITY-ST-ZIP	St. Petersburg, FL 33708	
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANGOINETT, JOHN	
STREET ADDRESS	6399 Shoreline Dr #4301	
CITY-ST-ZIP	St. Petersburg, FL 33708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *[Signature]* N.P. BENGSTON 2/5/03 727.352.1487

CR2E037 (10/02)