

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90184 007 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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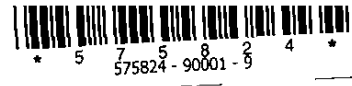
DOCUMENT # N98000003917

1. Corporation Name

SHORES OF LONG BAYOU XI CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
 6301 SHORELINE DRIVE
 ST. PETERSBURG FL 33708

Mailing Address
 6301 SHORELINE DRIVE
 ST. PETERSBURG FL 33708



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suits, Apt. #, etc.	26 Suits, Apt. #, etc.	07/06/1998
22 City & State	27 City & State	4. FEI Number
23 Zip Country	28 Zip Country	59-3523588 Applied For
24	29	30
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HALL, TERRI 6301 SHORELINE DRIVE ST. PETERSBURG FL 33708		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Melinda Hall (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, SAM N	1.2 NAME	
STREET ADDRESS	6301 SHORELINE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33708	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, MELINDA	2.2 NAME	
STREET ADDRESS	6301 SHORELINE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33708	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, TERRI	3.2 NAME	
STREET ADDRESS	6301 SHORELINE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33708	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Melinda Hall **REQUIRED** Date 4-20-99 Daytime Phone # 727-391-2100

CR2E037 (1/198)