

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90030 019 \*\*\*\*61.25

**DOCUMENT # N98000003917**

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

**Principal Place of Business**  
**6311 99TH WAY N.**  
**ST. PETERSBURG FL 33708**

**Mailing Address**  
**6311 99TH WAY N.**  
**ST. PETERSBURG FL 33708**

**943532**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **59-3523588**

Applied For  
 Not Applicable

Zip Country

Zip Country

**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**

**HYINK, THOMAS A**  
**6311 99TH WAY N.**  
**UNIT 11G**  
**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 \_\_\_\_\_ 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**  **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**Make Check Payable to  
 Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME	PD HYINK, THOMAS	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6311 99TH WAY N. UNIT 11G ST. PETERSBURG FL 33708	
TITLE NAME	VPD SAS, LEON	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6311 99TH WAY N. UNIT 11G ST. PETERSBURG FL 33708	
TITLE NAME	STD EVE, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6311 99TH WAY N. UNIT 11G ST. PETERSBURG FL 33708	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** *Thomas A. Hyink* **HIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/15/01* *727-392-5297*  
 Date Daytime Phone #

CR2E037 (10/00)