


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90037 044 ****61.25

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



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

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

54015557



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 6301 Shoreline Dr.
 Suite, Apt. #, etc.

City & State
 St. Petersburg, FL

Zip
 33708

Country
 Pinellas

02162004 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-3523588

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HYINK, THOMAS A
 6311 99TH WAY N.
 UNIT 11G
 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)

Filing Fee is \$81.25
Due by May 1, 2004

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	HYINK, THOMAS	6311 99TH WAY N. UNIT 11G	ST. PETERSBURG, FL 33708	<input type="checkbox"/>
VPD	SAS, LEON	6311 99TH WAY N. UNIT 11G	ST. PETERSBURG, FL 33708	<input checked="" type="checkbox"/>
ST	KOONS, PATRICIA	6311 99TH WAY NO. UNIT 11G	SAINT PETERSBURG, FL 33708	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input 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: Thomas A. Hyink 3/2/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #