

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90047 036 \*\*\*\*61.25

**DOCUMENT # N98000003917**  
 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: **6301 SHORELINE DR. ST. PETERSBURG FL 33708**

**50018865**



1st MOORE CR2E037 (10/04)

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State  
 Zip Country

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |
|---|--|
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE: _____<br>NAME: Johnson, Walter<br>STREET ADDRESS: 6311 99th Way No. Unit 11E<br>CITY-ST-ZIP: St Petersburg, FL 33708 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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 2/14/05  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #