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

DOCUMENT # **N9900001007**

SHORES OF LONG BAYOU XV CONDOMINIUM ASSOCIATION.



Jan 29, 2003 8:00 am Secretary of State 01-29-2003 90135 050 ****61.25

FILED

1. Entity Name

Principal Place of Business Mailing Address 6401 99TH WAY N 6401 99TH WAY N 90012299 ST. PETERSBURG FL 33708 ST. PETERSBURG FL 33708 2. Principal Place of Business 3. Mailing Address 6301 SHOTE 1400 Shoveline 6301 Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 59-3565266 Applied For 8646-27 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COMMUNITY MANAGEMENT CONCEPTS, INC Street Address (P.O. Box Number is Not Acceptable) 4175 EAST BAY DRIVE **SUITE 205** CLEARWATER FL 33764 City 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 \Box Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE ☐ Delete TITLE Change Addition HUTSKO, JOSEPH NAME NAME 6401 99TH WAY N #15D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33708 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition BRAHM, WILHELM NAME STREET ADDRESS 6401 99TH WAY N #15B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33708 ☐ Delete TITLE [] Change Addition WATON, PAUL NAME NAME STREET ADDRESS 6401 99TH WAY N #15A STREET ADDRESS CITY-ST-ZIE ST. PETERSBURG FL 33708 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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: