

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004439

FILED
Mar 15, 2011
Secretary of State

Entity Name: SHORES OF LONG BAYOU V CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6475 SHORELINE DRIVE
ST. PETERSBURG, FL 33708

New Principal Place of Business:

Current Mailing Address:

6475 SHORELINE DRIVE
5303
ST. PETERSBURG, FL 33708

New Mailing Address:

FEI Number: 65-0889454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JANOFKY, SAMUEL
6475 SHORELINE DRIVE
5303
ST. PETERSBURG, FL 33708 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: JANOFKY, SAMUEL
Address: 6475 SHORELINE DR. #5303
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: VP-1
Name: O'LEARY, JANET
Address: 6475 SHORELINE DR. #5106
City-St-Zip: ST. PETERSBURG, FL 33708

Title: VP-2
Name: SHOEMAKER, LINDER
Address: 6475 SHORELINE DR. #5105
City-St-Zip: ST. PETERSBURG, FL 33708

Title: SD
Name: JACOBY, JOHN
Address: 6475 SHORELINE DR. #5101
City-St-Zip: ST. PETERSBURG, FL 33708

Title: TD
Name: O'MALLY, SUDONNA L
Address: 6475 SHORELINE DR. #5104
City-St-Zip: ST. PETERSBURG, FL 33708

Title: PPD
Name: EHRBER, JOYCE
Address: 6475 SHORELINE DR. #5201
City-St-Zip: ST PETERSBURG, FL 33708

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SAMUEL JANOFKY

PD

03/15/2011

Electronic Signature of Signing Officer or Director

Date