

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004439

FILED
Mar 20, 2018
Secretary of State
CC1461151542**Entity Name:** SHORES OF LONG BAYOU V CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**6475 SHORELINE DRIVE
ST PETERSBURG, FL 33708**Current Mailing Address:**901 NORTH HERCULES AVE.
SUITE A
CLEARWATER, FL 33765 US**FEI Number:** 65-0889454**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JANOFKY, SAMUEL
901 NORTH HERCULES AVE.
SUITE A
CLEARWATER, FL 33765 US*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:** SAMUEL JANOFKY**03/20/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title	VP
Name	MOON, REBECCA
Address	6475 SHORELINE DR. #5402
City-State-Zip:	ST. PETERSBURG FL 33708

Title	SECRETARY
Name	ARMSTRONG, CAROL
Address	6475 SHORELINE DR. #5404
City-State-Zip:	ST. PETERSBURG FL 33708

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

Title	VP
Name	GATHRO, RICHARD
Address	6475 SHORELINE DR. #5406
City-State-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**PRESIDENT****03/20/2018**

Electronic Signature of Signing Officer/Director Detail

Date