


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**1/ Feb 15, 2007 8:00 am  
Secretary of State**

01-25-2007 90040 021 \*\*\*\*61.25

<b>DOCUMENT # 726717</b>		
1. Entity Name <b>LONG BAYOU CONDOMINIUM ASSOCIATION, INC.</b>		
Principal Place of Business <b>9777 62ND TERRACE, NORTH ST. PETERSBURG, FL 33708</b>		Mailing Address <b>9777 62ND TERRACE, NORTH ST. PETERSBURG, FL 33708</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent <b>CONTARDI, JOAN LCAM 206 HIDDEN HARBOUR DRIVE INDIAN ROCKS BEACH, FL 33785 9777 62nd Terrace N St. Petersburg FL 33708</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, RAYMOND 10036 63RD AVENUE NO. 23 SAINT PETERSBURG, FL 33708	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALLIN, GRANT 10037 62ND TERRACE N, # 18 SAINT PETERSBURG, FL 33708	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REES, MARILYN A 10032 65TH AVENUE, N # 12 SAINT PETERSBURG, FL 33708	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOVATCH, JUDY 10039 62ND AVENUE N, # 12 SAINT PETERSBURG, FL 33708	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARINO, FRANK 10038 62ND TERRACE N., #16 SAINT PETERSBURG, FL 33708	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Raymond W Smith</u> 2/13/07 727-39124 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

**Raymond Smith**