


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90436 037 ****61.25

| | | | | | |
|---|---------------------------|---|--|---|--|
| DOCUMENT # N02000005585 | | | |  | |
| 1. Entity Name SHORES OF LONG BAYOU VIII CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business 6301 SHORELINE DRIVE ST. PETERSBURG FL 33708 | | | Mailing Address 6301 SHORELINE DRIVE ST. PETERSBURG FL 33708 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 55-0792713 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent COMMUNITY MANAGEMENT CONCEPTS 4175 EAST BAY DRIVE STE 205 CLEARWATER FL 33764 | | | | 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) | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make Check Payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HEINE, AL | | NAME | | |
| STREET ADDRESS | 6495 SHORELINE DR # 8203 | | STREET ADDRESS | | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33708 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SWAGER, JOHN | | NAME | | |
| STREET ADDRESS | 6495 SHORELINE DR # 8204 | | STREET ADDRESS | | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33708 | | CITY-ST-ZIP | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | PUGH, JEANNE | | NAME | | |
| STREET ADDRESS | 6495 SHORELINE DR # 8305 | | STREET ADDRESS | | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33708 | | CITY-ST-ZIP | | |
| TITLE | V | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | GAINOS, KAYE | | NAME | VP Schaffer, Danielle | |
| STREET ADDRESS | 6495 SHORELINE DR # 8306 | | STREET ADDRESS | 6495 Shoreline Dr. # 8104 | |
| CITY-ST-ZIP | SAINT PETERSBURG FL 33708 | | CITY-ST-ZIP | St Petersburg, FL. 33708 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | DAVENPORT, CHARLENE | | NAME | S Starr, Suzanne | |
| STREET ADDRESS | 6495 SHORELINE DR # 8301 | | STREET ADDRESS | 6495 Shoreline Dr. # 8202 | |
| CITY-ST-ZIP | SAINT PETERSBURG FL 33708 | | CITY-ST-ZIP | St Petersburg FL. 33708 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> 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 exemptions contained in Section 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: *Al Heine* - PRESIDENT 2/27/06 391-0098