

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005585

FILED  
Mar 27, 2009  
Secretary of State

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

**Current Principal Place of Business:**

6301 SHORELINE DRIVE  
ST. PETERSBURG, FL 33708

**New Principal Place of Business:**

**Current Mailing Address:**

6301 SHORELINE DRIVE  
ST. PETERSBURG, FL 33708

**New Mailing Address:**

**FEI Number:** 55-0792713

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COMMUNITY MANAGEMENT CONCEPTS, INC.  
4585 140TH AVE. NORTH SUITE 1012  
CLEARWATER, FL 33762 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: P ( ) Delete  
Name: MALONEY, THOMAS  
Address: 6495 SHORELINE DR. #8406  
City-St-Zip: ST. PETERSBURG, FL 33708

Title: T ( ) Delete  
Name: ELAM, MARIE  
Address: 6495 SHORLINE DR. #8102  
City-St-Zip: ST. PETERSBURG, FL 33708

Title: VT ( ) Delete  
Name: OLLIVER, JAMES  
Address: 6495 SHORELINE DR. 8506  
City-St-Zip: ST. PETERSBURG, FL 33708

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MOLONEY, THOMAS  
Address: 6495 SHORELINE DR. #8406  
City-St-Zip: ST. PETERSBURG, FL 33708

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS MOLONEY

P

03/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date