

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000005585

**FILED**  
**Apr 06, 2011**  
**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 AVENUE N  
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:** PD  
**Name:** MOLONEY, KEVIN  
**Address:** 6495 SHORELINE DR #8406  
**City-St-Zip:** ST PETERSBURG, FL 33708

**Title:** T  
**Name:** MOLONEY, KEVIN  
**Address:** 6495 SHORLINE DR #8106  
**City-St-Zip:** ST PETERSBURG, FL 33708

**Title:** VP  
**Name:** OLLIVER, JAMES  
**Address:** 6495 SHORELINE DR #8506  
**City-St-Zip:** ST. PETERSBURG, FL 33708

**Title:** S  
**Name:** ELAM, MARIE  
**Address:** 6495 SHORELINE DR  
**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:** GLEN ODOM

M

04/06/2011

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

\_\_\_\_\_  
Date