

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90046 046 \*\*\*\*70.00

**DOCUMENT # N27748**

1. Entity Name  
**THE PALMS OF LONG BAYOU, INC.**



Principal Place of Business  
**9860 62ND TERRACE NORTH  
UNIT 1060  
ST. PETERSBURG, FL 33708**

Mailing Address  
**9860 62ND TERRACE NORTH  
UNIT 1060  
ST. PETERSBURG, FL 33708**

40061102



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02122007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2966313**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIZAK, JOHN SR  
9860 62ND TERRACE, NORTH  
STE #1016  
ST PETERSBURG, FL 33708**

Name **RICHARD C. DUBOIS**

Street Address (P.O. Box Number is Not Acceptable)  
**9860 62nd TERRACE NORTH UNIT 1043**

City **ST PETERSBURG**

FL

Zip Code  
**33708**

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 **RICHARD C. DUBOIS, PRESIDENT** *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12 APRIL 2007**  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete  
NAME **LIZAK, JOHN SR**  
STREET ADDRESS **9860 62ND TERRACE N. #1016**  
CITY-ST-ZIP **SAINT PETERSBURG, FL 33708**

TITLE **TD** ☒ Delete  
NAME **POLGREEN, SHELIA J**  
STREET ADDRESS **9860 62ND TERRACE N UNIT 1025**  
CITY-ST-ZIP **ST PETERSBURG, FL 33708**

TITLE **SD** ☒ Delete  
NAME **MAGDALENA, LIZAK**  
STREET ADDRESS **9860 62ND TERR, N # 1016**  
CITY-ST-ZIP **SAINT PETERSBURG, FL 33708**

TITLE **D** ☒ Delete  
NAME **COLLES, DONA**  
STREET ADDRESS **9860 62ND TERR N # 1016**  
CITY-ST-ZIP **ST PETERSBURG, FL 33708**

TITLE **VD** ☒ Delete  
NAME **POLGREEN, FREDERICK C**  
STREET ADDRESS **9860 62ND TERRACE N. UNIT 1025**  
CITY-ST-ZIP **ST PETERSBURG, FL 33708**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition  
NAME **DUBOIS, RICHARD C.**  
STREET ADDRESS **9860 62nd TERRACE NORTH, UNIT 1043**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33708**

TITLE **T** ☒ Change ☒ Addition  
NAME **GUIKOFF ANGEL**  
STREET ADDRESS **9860 62ND TERRACE NORTH UNIT 1051**  
CITY-ST-ZIP **ST PETERSBURG, FL 33708**

TITLE **V/S** ☐ Change ☒ Addition  
NAME **GUIKOFF, FRANCES A.**  
STREET ADDRESS **9860 62ND TERRACE NORTH, UNIT 1051**  
CITY-ST-ZIP **ST PETERSBURG, FL 33708**

TITLE **D** ☐ Change ☒ Addition  
NAME **WILLIAMS, JEAN**  
STREET ADDRESS **9860 62ND TERRACE NORTH, UNIT 1032**  
CITY-ST-ZIP **ST PETERSBURG, FL 33708**

TITLE **D** ☐ Change ☒ Addition  
NAME **BEAL, VICKY**  
STREET ADDRESS **9860 62ND TERRACE NORTH, UNIT 1047**  
CITY-ST-ZIP **ST PETERSBURG, FL 33708**

TITLE ☐ Change ☐ Addition  
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: **FRANCES A GUIKOFF** *[Signature]* **12 APRIL 2007**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **727 399 8361**