

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 09, 2004 8:00 am**  
**Secretary of State**

06-09-2004 90002 011 \*\*\*\*61.25

**DOCUMENT # N44873**

1. Entity Name

**LONG BAYOU ESTATES HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business

7164 PEBBLE BCH LANE  
SEMINOLE FL 33777  
US

Mailing Address

7164 PEBBLE BCH LANE  
SEMINOLE FL 33777  
US

2. Principal Place of Business

9388 Pebble Bch Ct. E.

Suite, Apt. #, etc.

3. Mailing Address

9388 Pebble Bch Ct. E.

Suite, Apt. #, etc.

City & State

Largo, FL.

Zip  
33777

Country  
USA

City & State

Largo, FL.

Zip  
33777

Country  
USA

4. FEI Number

59-3084582

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BELMONT, TONY**  
7164 PEBBLE BEACH LANE  
SEMINOLE FL 33777

7. Name and Address of New Registered Agent

Name **Robert BURGUIERES**  
Street Address (P.O. Box Number is Not Acceptable)  
9388 Pebble Beach Ct. E.

City **Largo** FL Zip Code **33777**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

5/30/04

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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 **DVP** ☒ Delete  
NAME **HOFMEISTER, CRAIG**  
STREET ADDRESS **7044 PEBBLE BEACH LANE**  
CITY-ST-ZIP **SEMINOLE FL 33777**

TITLE **STD** ☒ Delete  
NAME **KRUEGER, AMY**  
STREET ADDRESS **7270 PEBBLE BEACH LANE**  
CITY-ST-ZIP **SEMINOLE FL 33777**

TITLE **DP** ☒ Delete  
NAME **BELMONT, TONY**  
STREET ADDRESS **7164 PEBBLE BEACH LANE**  
CITY-ST-ZIP **SEMINOLE FL 33777**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☐ Change ☒ Addition  
NAME **Robert BURGUIERES**  
STREET ADDRESS **9388 Pebble Bch Ct. E.**  
CITY-ST-ZIP **Largo, FL. 33777**

TITLE **Vice President** ☐ Change ☒ Addition  
NAME **Thomas Lindsey**  
STREET ADDRESS **9323 Pebble Beach Ct. E.**  
CITY-ST-ZIP **Largo, FL 33777**

TITLE **Secretary** ☐ Change ☒ Addition  
NAME **David Weiss**  
STREET ADDRESS **7380 Pebble Bch Ln**  
CITY-ST-ZIP **Largo, FL 33777**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/04

Date

(727) 894 0430

Daytime Phone #