


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

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90161 001 \*\*\*\*61.25

<b>DOCUMENT # N96000000501</b>			
1. Entity Name <b>THE SHORES OF LONG BAYOU HOMEOWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business <b>6301 SHORELINE DRIVE ST. PETERSBURG FL 33708</b>		Mailing Address <b>6301 SHORELINE DRIVE ST. PETERSBURG FL 33708</b>	
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 <b>59-3360036</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	



1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent <b>COMMUNITY MANAGEMENT CONCEPTS 4175 FAST BAY DRIVE, SUITE 205 CLEARWATER FL 33764</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
		<b>FL</b>	

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 re-registering) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ANDERSON, JACK			NAME	Shenk, Glen		
STREET ADDRESS	6315 SHORELINE DR., #3205			STREET ADDRESS	6450 Shoreline Dr. #9403		
CITY-ST-ZIP	ST. PETERSBURG FL 33708			CITY-ST-ZIP	St Petersburg, FL 33708		
TITLE	VP	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KAZARIAN, LEO			NAME	COX, Bill		
STREET ADDRESS	6424 SHORELINE DR #10401			STREET ADDRESS	6450 Shoreline Dr. #9201		
CITY-ST-ZIP	ST. PETERSBURG FL 33708			CITY-ST-ZIP	St. Petersburg, FL 33708		
TITLE	T	<input type="checkbox"/> Delete		TITLE	-	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LYONS, NANCY			NAME			
STREET ADDRESS	6533 99TH WAY N, #19D			STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33708			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	O'LENNY, HOWARD			NAME	Richmond, Deon		
STREET ADDRESS	6475 SHORELINE DR., #5106			STREET ADDRESS	6551 Shoreline Dr. #6305		
CITY-ST-ZIP	SAINT PETERSBURG FL 33708			CITY-ST-ZIP	St Petersburg, FL 33708		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SELLERY, LEON			NAME	Woll, Sherry		
STREET ADDRESS	6550 SHORELINE DR #7406			STREET ADDRESS	6399 Shoreline Dr. #4206		
CITY-ST-ZIP	SAINT PETERSBURG FL 33708			CITY-ST-ZIP	St. Petersburg, FL 33708		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MANKIN, LARRY			NAME			
STREET ADDRESS	6551 SHORELINE DR., #6302			STREET ADDRESS			
CITY-ST-ZIP	SAINT PETERSBURG FL 33708			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: *JG Anderson* JACK G. ANDERSON 2-28-2006 727 395-9497