
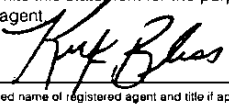
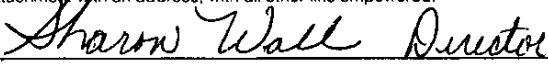


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90055 002 ****61.25

DOCUMENT # N96000000501					
1. Entity Name THE SHORES OF LONG BAYOU HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 6301 SHORELINE DRIVE ST. PETERSBURG, FL 33708		Mailing Address 6301 SHORELINE DRIVE ST. PETERSBURG, FL 33708			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3360036	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				gent	
COMMUNITY MANAGEMENT CONCEPTS 4175 EAST BAY DRIVE, SUITE 205 CLEARWATER, FL 33764				KIRK BLISS CMC 4175-East-Bay-Dr., Suite-205 Clearwater, FL 33764	
				Zip Code	
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 				DATE 3/10/08	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHERK, GLEN		NAME		
STREET ADDRESS	6450 SHORELINE DR 9403		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANDERSON, JACK		NAME		
STREET ADDRESS	6315 SHORELINE DR. #3205		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708		CITY-ST-ZIP		
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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RICHMOND, DEAN		NAME		
STREET ADDRESS	6551 SHORELINE DRIVE 6305		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALL, SHERRY		NAME		
STREET ADDRESS	6599 SHORELINE DR 4206		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input 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 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: 				Date 3-10-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

