

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 06, 2011
Secretary of State

Entity Name: THE SHORES OF LONG BAYOU HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

6301 SHORELINE DRIVE
ST PETERSBURG, FL 33708

New Principal Place of Business:

Current Mailing Address:

4585 140TH AVENUE N
SUITE 1012
CLEARWATER, FL 33762

New Mailing Address:

FEI Number: 59-3360036 **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: D
Name: SHERK, GLEN
Address: 6450 SHORELINE DR 9403
City-St-Zip: ST PETERSBURG, FL 33708

Title: PD
Name: ROBERTS, WILLIAM
Address: 6550 SHORELINE DR #7505
City-St-Zip: ST PETERSBURG, FL 33708

Title: T
Name: WALL, SHERRY
Address: 6399 SHORELINE DR #4206
City-St-Zip: ST PETERSBURG, FL 33708

Title: VP
Name: KOREJWO, MERLE
Address: 6575 99TH WAY N #22303
City-St-Zip: ST PETERSBURG, FL 33708

Title: D
Name: LYONS, NANCY
Address: 6533 99TH WAY N #19D
City-St-Zip: ST PETERSBURG, FL 33708

Title: S
Name: MACFARLAND, JEAN
Address: 6330 99TH WAY N #14B
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