

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90057 003 \*\*\*\*61.25

<b>DOCUMENT # N96000004403</b> 1. Entity Name <b>SHORES OF LONG BAYOU II CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>6315 SHORE LINE DR #3000 ST. PETERSBURG, FL 33708 US</b>			Mailing Address <b>6315 SHORE LINE DR #3000 ST. PETERSBURG, FL 33708 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SORSBY, DOROTHY</b> <b>6315 SHORELINE DR #3307</b> <b>ST PETERSBURG, FL 33708</b>				Name <b>JOHANNA V SILVA</b> Street Address (P.O. Box Number is Not Acceptable) <b>6315 SHORELINE DR # 3106</b> City <b>ST PETERSBURG</b> <b>FL</b> Zip Code <b>33708</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 <u><i>Johanna V. Silva</i></u> <span style="float: right;">2-3-06</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SIMS, ROBERT</b> <b>6315 SHORELINE DR #3305</b> <b>SAINT PETERSBURG, FL 33708</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>THOMSON, JIM</b> <b>6315 SHORLINE DR #3308</b> <b>ST. PETERSBURG, FL 33708</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PHYLLIS ORLAN</b> <b>6315 SHORELINE DR # 3108</b> <b>ST PETERSBURG, FL 33708</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOCCINO, ARLENE</b> <b>6315 SHORELINE DR #3104</b> <b>ST. PETERSBURG, FL 33708</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>SCHMIDT, ROBERT</b> <b>6315 SHROELINE DR., #3306</b> <b>SAINT PETERSBURG, FL 33708</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SDT</b> <b>SORSBY, DOROTHY</b> <b>6315 SHORELINE DR. #3104</b> <b>SAINT PETERSBURG, FL 33708</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>SHARON STACY</b> <b>6315 SHORELINE DR # 3107</b> <b>ST. PETERSBURG, FL 33708</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>JOHANNA V SILVA</b> <b>6315 SHORELINE DR #3106</b> <b>ST PETERSBURG, FL 33708</b>	
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.					
<b>SIGNATURE:</b> <u><i>Johanna V. Silva</i></u> <span style="float: right;">2-3-06 727-568-1113</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					