2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 06, 2006 8:00 am

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DOCUMENT # N9600004403 1. Entity Name SHORES OF LONG BAYOU II CONDOMINIUM ASSOCIATION, INC.								_		
6315 SHORE LINE DR 631 #3000 #30 ST. PETERSBURG, FL 33708 US ST. I		6315 SHORE LINE DR #3000 St. Petersburg, FL 33708		US						
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Suite, Apt. #, etc.		Suite, Apt. #, etc.				01052006 C	hg-NP	CR2E0	37 (11/05)	
City & State		City & State				4. FEI Number 59-340148	31			oplied For
Country	Zij		Cou	intry		-			\$8.75 Ad	
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6. Name and Address of Current Registered Agent				Nama				Registered	Agent	
SORSBY, DOROTHY				7				۵)		-·
6315 SHORELINE DR #3307 ST PETERSBURG, FL 33708				631.	5 3	SHORELINE	DR	W 310	16	
				City		 			Zio Cod	
				~" <i>"St</i> -	City ST PETERS BURG FL Zip Code 3376				7 <i>08</i>	
e named entity submits this statement tions of registered agent.	or the purp	ose of changing its r	egistere	ed office or	registere	d agent, or both, in	the State of FI	orida. I am		
Dranna V-x	Silve	C						۾ - ج	206	
Signature, typed or printed name of registered ager	t and title if app	licable (NOTE:	Registered	2 Agent signatur	re required v	when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make check payable to Florida Department of State					
OFFICERS AND D	IRECTORS		11.		Al	DDITIONS/CHANG	ES TO OFFICE	RS AND DI	RECTORS IN	10
P SIMS, ROBERT 6315 SHORELINE DR #3305	na .	Detete	NAME						☐ Change	Addition
	JO		CITY.							
		<u></u>		ST-ZIP	•					
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THOMSON, JIM		☑ Delete	TITLE NAME	ST-ZIP	D P4Y(LIS ORLA	AN NE TR	# 3///8	⊠ Change	☐ Addition
i -		⊠ Delete	TITLE NAME STREE	ST-ZIP	PHY1 6315	LIS ORLA SHORELI ETERSBUR	AN NE DR	# 3108 3370	_	☐ Addition
THOMSON, JIM 6315 SHORLINE DR #3308			TITLE NAME STREE	ST-ZIP T ADDRESS ST-ZIP	PHY1 6315	LIS ORLI SHORELI ETERSBUR	AN NE DR G, FL	# 3108 3370	8	
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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 it 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 attackment with an address, with all other like empowered.

SIGNATURE:

2-3-06

727-568-1113

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

ilva SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

ST PETERS BURG, FL 33708

JOHANNA V SILVA 6315 SHORFLINE DA

727-568-1113

Daytime Phone #