

FILE NOW: FILING FEE IS \$61.25

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Jun 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N9700000**5317** (9)
 1. Corporation Name
LONG BAYOU ROAD ASSOCIATION, INC.

Principal Place of Business 9777 62nd Terrace No St. Petersburg, Fl 33708	Mailing Address 9777 62nd Terrace No. St. Petersburg, Fl 33708
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3. Date Incorporated or Qualified
09/18/1997

4. FEI Number Applied For
Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

LONG BAYOU CONDOMINIUM ASSOCIATION, INC.
9777 62ND AVENUE NORTH
ST. PETERSBURG, FL 33708

10. Name and Address of New Registered Agent

81 Name **Thomas W. Kapper, President**
Shadow Lakes Management Co., Inc.
 82 Street Address (P.O. Box Number is Not Acceptable)
10825 Seminole Blvd., Suite #1
 83
 84 City **Largo** **FL** 85 Zip Code **33778**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *Thomas W. Kapper* (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.1 TITLE	P/D		
1.2 NAME	Frank Ferry		
1.3 STREET ADDRESS	9777 62nd Terrace No.		
1.4 CITY-ST-ZIP	St. Petersburg, Fl 33708		
2.1 TITLE	VP/D		
2.2 NAME	Marilyn White		
2.3 STREET ADDRESS	9777 62nd Terrace North		
2.4 CITY-ST-ZIP	St. Petersburg, Fl 33708		
3.1 TITLE	T/S/D		
3.2 NAME	Sam Hall		
3.3 STREET ADDRESS	9777 62nd Terrace North		
3.4 CITY-ST-ZIP	St. Petersburg, Fl 33708		
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marilyn C. White* **Marilyn C. White, Vice President** 4/21/98
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

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JW
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