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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N97000005317

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

09/18/1997

4. FEI Number

APPLIED FOR 59-3521948

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

THOMAS W KAPPER
 SHADOW LAKES MGMT CO INC
 10825 SEMINOLE BLVD STE #1
 LARGO FL 33778

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

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
 Signature, typed or printed name of registered agent and title if applicable.

THOMAS W. KAPPER, PROPERTY MANAGER 4/1/99
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE P/D DELETE
 NAME FERRY, FRANK
 STREET ADDRESS 9777 62ND TERRACE NO.
 CITY-ST-ZIP ST. PETERSBURG FL 33708

TITLE VP/D DELETE
 NAME WHITE, MARILYN
 STREET ADDRESS 9777 62ND TERRACE NO.
 CITY-ST-ZIP ST. PETERSBURG FL 33708

TITLE TSD DELETE
 NAME HALL, SAM
 STREET ADDRESS 9777 62ND TERRACE NO.
 CITY-ST-ZIP ST. PETERSBURG FL 33708

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP/D Change Addition
 1.2 NAME LEN SWANSON
 1.3 STREET ADDRESS 10825 SEMINOLE BLVD STE #1
 1.4 CITY-ST-ZIP LARGO, FL 33778

2.1 TITLE D Change Addition
 2.2 NAME JOHN DUDINSKY
 2.3 STREET ADDRESS 10825 SEMINOLE BLVD, STE #1
 2.4 CITY-ST-ZIP LARGO, FL 33778

3.1 TITLE PID Change Addition
 3.2 NAME HALL, SAM
 3.3 STREET ADDRESS 10825 SEMINOLE BLVD STE #1
 3.4 CITY-ST-ZIP LARGO, FL 33778

4.1 TITLE D Change Addition
 4.2 NAME PETER BENGSTON
 4.3 STREET ADDRESS 10825 SEMINOLE BLVD STE #1
 4.4 CITY-ST-ZIP LARGO, FL 33778

5.1 TITLE D Change Addition
 5.2 NAME CHARLES LAWRENCE
 5.3 STREET ADDRESS 10825 SEMINOLE BLVD STE #1
 5.4 CITY-ST-ZIP LARGO, FL 33778

6.1 TITLE Change Addition
 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, with all other like empowered.

SIGNATURE: *Len Swanson* SIGNATURE REQUIRED LEN SWANSON 4/1/99 727-397-1192
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)