


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90161 004 ****61.25

DOCUMENT # N97000005317					
1. Entity Name LONG BAYOU ROAD ASSOCIATION, INC.					
Principal Place of Business 9777 62ND TERR. N. SAINT PETERSBURG, FL 33708			Mailing Address 9777 62ND TERR. N. SAINT PETERSBURG, FL 33708		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LAWRENCE, CHARLES F 9777 62 TERRACE NORTH SAINT PETERSBURG, FL 33708				Name <u>William R. Roberts</u>	
				Street Address (P.O. Box Number is Not Acceptable) <u>9777 - 62nd TERRACE NORTH</u>	
				City <u>Saint Petersburg</u> FL Zip Code <u>33708</u>	
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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SD.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REES, JOHN		NAME	BILL SHAFER	
STREET ADDRESS	10032 65TH AVENUE NORTH #12		STREET ADDRESS	10035 63RD AVE N. Bldg. 4-09	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708		CITY-ST-ZIP	Saint Petersburg FL 33708	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAWRENCE, CHARLES		NAME	ED. GAUGHAN	
STREET ADDRESS	10036 63RD AVE. N. #1		STREET ADDRESS	10034 64th AVE N. Bldg. 3-018	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708		CITY-ST-ZIP	Saint Petersburg FL 33708	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, JACK		NAME	BOB BENSTEIN	
STREET ADDRESS	6315 SHORELINE DR		STREET ADDRESS	6533 99TH WAY N.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708		CITY-ST-ZIP	Saint Petersburg FL 33708	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLGREEN, FRED		NAME		
STREET ADDRESS	9860 62ND TERRACE N #1025		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, BILL		NAME		
STREET ADDRESS	6301 SHORELINE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	TD.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIGIOIA, DOM		NAME	WILLIAM R. ROBERTS	
STREET ADDRESS	9806 62ND TERR N		STREET ADDRESS	6530 SHORELINE DR. # 7505	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708		CITY-ST-ZIP	Saint Petersburg FL 33708	
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.					
SIGNATURE: <u>William R. Roberts</u>			Date: <u>4-25-06</u> (737) 392-3665		
SIGNATURE AND TYPED OR PRINTED NAME OF SHOWING OFFICER OR DIRECTOR			Date Daytime Phone #		