


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90050 008 \*\*\*\*61.25

DOCUMENT # N97000005317					
1. Entity Name LONG BAYOU ROAD ASSOCIATION, INC. <i>(Share)</i>					
Principal Place of Business 6301 SHORELINE DR SAINT PETERSBURG, FL 33708		Mailing Address 6301 SHORELINE DR SAINT PETERSBURG, FL 33708			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3521948	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<del>ROBERTS, WILLIAM R 6301 SHORELINE DR SAINT PETERSBURG, FL 33708</del>			KIRK BLISS CMC 4175 East Bay Dr., Suite 205 Clearwater, FL 33764		
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: <i>Kirk Bliss</i>		DATE: <i>3/10/08</i>			
Filing Fee is \$61.25 Due by May 1, 2008		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	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUBOIS, RICHARD		NAME		
STREET ADDRESS	9860 62ND AVE N		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GAUGHAN, ED		NAME		
STREET ADDRESS	10034 64TH AVE N BLDG 3-018		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALL, SHARON		NAME		
STREET ADDRESS	6399 SHORELINE DR #4206		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHARK, GLEN		NAME		
STREET ADDRESS	6450 SHORELINE DR #9403		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHAEFER, BILL		NAME		
STREET ADDRESS	10035 63RD AVE N BLDG 409		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DIGIOIA, DOM		NAME		
STREET ADDRESS	9806 62ND TERR N		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708		CITY-ST-ZIP		
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: <i>Sharon Wall Treasurer Director</i>			DATE: <i>3-10-08</i>		Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		DAYTIME PHONE #

40000710



02042008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3521948 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

~~ROBERTS, WILLIAM R  
6301 SHORELINE DR  
SAINT PETERSBURG, FL 33708~~

KIRK BLISS  
 CMC  
 4175 East Bay Dr., Suite 205  
 Clearwater, FL 33764  
 Zip Code

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to  
 Florida Department of State

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SIGNATURE: *Sharon Wall Treasurer Director*

DATE: *3-10-08*

DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #