

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005317

FILED
Apr 03, 2009
Secretary of State

Entity Name: LONG BAYOU ROAD ASSOCIATION, INC.

Current Principal Place of Business:

6301 SHORELINE DR
SAINT PETERSBURG, FL 33708

New Principal Place of Business:

Current Mailing Address:

6301 SHORELINE DR
SAINT PETERSBURG, FL 33708

New Mailing Address:

FEI Number: 59-3521948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT CONCEPTS, INC.
4585 140TH AVE. NORTH SUITE 1012
CLEARWATER, FL 33762 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: DUBOIS, RICHARD
Address: 9860 62ND AVE N
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: DVP () Delete
Name: GAUGHAN, ED
Address: 10034 64TH AVE N BLDG 3-018
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: DT () Delete
Name: WALL, SHARON
Address: 6399 SHORELINE DR #4206
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: D () Delete
Name: SHARK, GLEN
Address: 6450 SHORELINE DR #9403
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: D () Delete
Name: SHAEFER, BILL
Address: 10035 63RD AVE N BLDG 409
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: D () Delete
Name: DIGIOIA, DOM
Address: 9806 62ND TERR N
City-St-Zip: SAINT PETERSBURG, FL 33708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: ROBERTS, BILL
Address: 6550 SHORELINE DR # 7505
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SHERK, GLEN
Address: 6450 SHORELINE DR #9403
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL ROBERTS

DVP

04/03/2009

Electronic Signature of Signing Officer or Director

Date