2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005317

FILED Apr 15, 2010 Secretary of State

Entity Name: LONG BAYOU ROAD ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6301 SHORELINE DR 6301 SHORELINE DR

SAINT PETERSBURG, FL 33708 ST PETERSBURG, FL 33708

Current Mailing Address: New Mailing Address:

6301 SHORELINE DR 4585 140TH AVENUE N SAINT PETERSBURG, FL 33708 SUITE 1012

CLEARWATER, FL 33762

FEI Number: 59-3521948 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COMMUNITY MANAGEMENT CONCEPTS, INC. COMMUNITY MANAGEMENT CONCEPTS, INC.

4585 140TH AVE. NORTH SUITE 1012 4585 140TH AVENUE N SUITE 1012 SUITE 1012

CLEARWATER, FL 33762 US SUITE 1012
CLEARWATER, FL 33762 US

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: KIRK BLISS 04/15/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: SD

Name: DUBOIS, RICHARD Address: 9860 62ND AVE N

City-St-Zip: SAINT PETERSBURG, FL 33708

Title: DVP

Name: ROBERTS, BILL

Address: 6550 SHORELINE DR # 7505 City-St-Zip: SAINT PETERSBURG, FL 33708

Title: DT

Name: WALL, SHARON

Address: 6399 SHORELINE DR #4206 City-St-Zip: SAINT PETERSBURG, FL 33708

Title:

Name: SHERK, GLEN

Address: 6450 SHORELINE DR #9403 City-St-Zip: SAINT PETERSBURG, FL 33708

Title:

Name: SHAEFER, BILL

Address: 10035 63RD AVE N BLDG 409 City-St-Zip: SAINT PETERSBURG, FL 33708

Title: [

Name: DIGIOIA, DOM Address: 9806 62ND TERR N

City-St-Zip: SAINT PETERSBURG, FL 33708

I hereby 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 all other like empowered.

SIGNATURE: GLENN ODOM MGR 04/15/2010