

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90037 045 \*\*\*\*61.25



**DOCUMENT # N99000001006**

1. Entity Name  
**SHORES OF LONG BAYOU XIV CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business  
**6330 99TH WAY N  
 ST. PETERSBURG, FL 33708**

Mailing Address  
**6301 SHORELINE DR.  
 ST. PETERSBURG, FL 33708**

**54015556**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02162004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-3565263**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COMMUNITY MANAGEMENT CONCEPTS, INC.  
 4175 EAST BAY DRIVE  
 SUITE 205  
 CLEARWATER, FL 33764**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

B. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

**\$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 PD  Delete  
 NAME JOHNSON, GEORGE A JR  
 STREET ADDRESS 6330 99TH WAY N 14F  
 CITY-ST-ZIP ST. PETERSBURG, FL 33708

TITLE **PD**  Change  Addition  
 NAME **JOHNSON, MARY LOU**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VPD  Delete  
 NAME WESTEROFF, NORMA  
 STREET ADDRESS 6330 99TH WAY N 14A  
 CITY-ST-ZIP ST. PETERSBURG, FL 33708

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE STD  Delete  
 NAME DARIES, JOHANNA A  
 STREET ADDRESS 6330 99TH WAY N, 14 E  
 CITY-ST-ZIP SAINT PETERSBURG, FL 33708

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 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: Mary Lou Johnson  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/26/04 727-394-9529  
 Date Daytime Phone #

Mary Lou Johnson