


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90254 034 ****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

40077017



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02022007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
 59-3565263

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 COMMUNITY MANAGEMENT CONCEPTS, INC.
 4175 EAST BAY DRIVE
 SUITE 205
 CLEARWATER, FL 33764

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____
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, 2007

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	JOHNSON, MARY LOU	
STREET ADDRESS	6330 99TH WAY N 14F	
CITY-ST-ZIP	ST. PETERSBURG, FL 33708	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WOSDERNHOFF, NORMA	
STREET ADDRESS	6330 99TH WAY N 14A	
CITY-ST-ZIP	ST. PETERSBURG, FL 33708	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	DARIES, JOHANNA A	
STREET ADDRESS	6330 99TH WAY N. 14 E	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wostenhoff, Norma	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIES, JOHANNA	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STD MacFarlane, Jean	
STREET ADDRESS	6330 99th Way N #14 B	
CITY-ST-ZIP	St. Petersburg, FL 33708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Mary Lou Johnson 2/26/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #