


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-24-2008 90053 035 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3565263	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of Agent	
COMMUNITY MANAGEMENT CONCEPTS, INC. 4175 EAST BAY DRIVE SUITE 205 CLEARWATER, FL 33764				Name KIRK BLISS	
				Street C/MC 4175 East Bay Dr., Suite 205	
				City Clearwater, FL 33764	
				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: <i>Kirk Bliss</i>				DATE: 3/10/08	
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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, MARY LOU		NAME		
STREET ADDRESS	6330 99TH WAY N 14F		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33708		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WESTENHOFF, NORMA		NAME	<i>Westerhoffs, Norma</i>	
STREET ADDRESS	6330 99TH WAY N 14A		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33708		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACFARLANE, JEAN		NAME		
STREET ADDRESS	6330 99TH WAY N #14B		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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>Mary Lou Johnson</i>				DATE: 3/10/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 727-394-9529	

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02042008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3565263

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

7. Name and Address of Agent
 Name: KIRK BLISS
 Street: C/MC
 City: Clearwater, FL 33764
 Zip Code: _____

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 SIGNATURE: *Kirk Bliss*
 DATE: 3/10/08

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 SIGNATURE: *Mary Lou Johnson*
 DATE: 3/10/08
 Daytime Phone #: 727-394-9529