

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90135 003 ****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
**6330 99TH WAY N
ST. PETERSBURG FL 33708**

90012296



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

6301 Shoreline Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FLA.

4. FEI Number **59-3565263**

Applied For
Not Applicable

Zip

Country

33708

Pinellas

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

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: ~~SIGNATURE REQUIRED~~

1-15-03

CR2E037 (10/02)