


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000001007	
1. Entity Name SHORES OF LONG BAYOU XV CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 6301 SHORELINE DR ST. PETERSBURG FL 33708	Mailing Address 6301 SHORELINE DR ST. PETERSBURG FL 33708
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



1st MOORE CR2E037 (10/05)

4. FEI Number **59-3565266** 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
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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
Due By May 1, 2006

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 NAME STREET ADDRESS CITY - ST - ZIP	PD HUTSKO, JOSEPH 6401 99TH WAY N #15D ST. PETERSBURG FL 33708 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BRAHM, WILHELM 6401 99TH WAY N #15B ST. PETERSBURG FL 33708 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WATON, PAUL 6401 99TH WAY N #15A ST. PETERSBURG FL 33708 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add U00000532272 05/06/06-80077-007 61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Joseph William Hutsko Pres. **3/2/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #