2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

1. Enlity Name SHORES OF LONG BAYOU VI CONDOMINIUM ASSOCIATION, INC.							04-23-2007 9	90254 04	1 1 ~~~*61.	25
6301 SHORELINE DR. 630			Mailing Address 6301 SHORELINE DR. ST. PETERSBURG, FL.	=		40	077010			
2. Principal F	Place of Busin	ness - No P O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02022007	Chg-NP	CR2EC	37 (12/06)	
City & State			City & State			4. FEI Number 59-3633				oplied For ot Applicable
Zip	ip Country		Zip	Country			of Status Desired		\$8.75 Add	ditional
	6. Name	and Address of Current F	t Registered Agent	' 		7. Name and	Address of New I	Registered	<u> </u>	
	T) (ACMENT CONCERT		Name)					
COMMUNITY MANAGEMENT CONCEPTS 4175 EAST BAY DRIVE SUITE 205 CLEARWATER, FL 33764			S	Street Ad		P.O. Box Number	is Not Acceptable	le)		
022										
				City				FL	Zip Cod	е
	named entit tions of regist		the purpose of changing its	registered office	or register	ed agent, or both	i, in the State of Fl	lorida. I am	n familiar with,	and accept
SIGNATURE	Signature, typed	d or printed name of registered agent a	nd title if applicable (NOTi	E Registered Agent sign	nature 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				
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10.	_		Trust Fund C			Added to Fees		rida Depa	rtment of S	tate
10. THILE NAME STREET ADDRESS	T SMITH, G	fay 1, 2007 OFFICERS AND DIR	Trust Fund C	Contribution.	7	Added to Fees ADDITIONS/CHA	FIO NGES TO OFFICE	rida Depa ERS AND D	rtment of S	tate I 10 Addition
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/38/07

677-0489