


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90022 003 \*\*\*\*61.25

<b>DOCUMENT # N99000004932</b>																																								
<b>1. Entity Name</b> SHORES OF LONG BAYOU VI CONDOMINIUM ASSOCIATION, INC.																																								
<b>Principal Place of Business</b> 6301 SHORELINE DR. ST. PETERSBURG, FL 33708			<b>Mailing Address</b> 6301 SHORELINE DR. ST. PETERSBURG, FL 33708																																					
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>																																						
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																						
City & State		City & State																																						
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3633652																																				
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>																																				
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>																																					
COMMUNITY MANAGEMENT CONCEPTS 4175 EAST BAY DRIVE SUITE 205 CLEARWATER, FL 33764			<table border="0" style="width:100%;"> <tr> <td style="width:10%;"><b>Name</b></td> <td>KIRK BLISS</td> </tr> <tr> <td><b>Street</b></td> <td>CMC</td> </tr> <tr> <td><b>City</b></td> <td>4175 East Bay Dr., Suite 205 Clearwater, FL 33764</td> </tr> <tr> <td><b>Zip Code</b></td> <td></td> </tr> </table>			<b>Name</b>	KIRK BLISS	<b>Street</b>	CMC	<b>City</b>	4175 East Bay Dr., Suite 205 Clearwater, FL 33764	<b>Zip Code</b>																												
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<b>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.</b>																																								
SIGNATURE <u>Kirk Bliss</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																								
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>																																				
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>																																					
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<b>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 119, 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.</b>																																								
<b>SIGNATURE:</b> <u>Larry Manikin, Director 4/14/08</u> <small>SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																								