


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-24-2008 90053 037 ****61.25

DOCUMENT # N99000005748 1. Entity Name SHORES OF LONG BAYOU X CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6425 SHORELINE DR SAINT PETERSBURG, FL 33708			Mailing Address 6301 SHORELINE DRIVE 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 59-3617370	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COMMUNITY MANAGMENT CONCEPTS 4175 EAST BAY DR SUITE 205 CLEARWATER, FL 33764			7. Name and Address of New Registered Agent Na KIRK BLISS Str CMC 4175 East Bay Dr., Suite 205 City Clearwater, FL 33764		
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 <u><i>Kirk Bliss</i></u> DATE 3/10/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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 NAME STREET ADDRESS CITY-ST-ZIP	TD COFLIN, CHARLES 6425 SHORELINE DR, # 10403 SAINT PETERSBURG, FL 33708	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JEAN POPELKA 6425 SHORELINE DR # 10504 ST PETERSBURG FL 33708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAZARIAN, LEO 6425 SHORELINE DR #10401 ST. PETERSBURG, FL 33708	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER CHARLES SULLIVAN 6425 SHORELINE DR #10405 ST PETERSBURG FL 33708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: <u><i>Leo Kazarian</i></u> LEO KAZARIAN PRESIDENT 3-5-08 727-319-2392 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40050888



02042008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3617370

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

7. Name and Address of New Registered Agent
 Na **KIRK BLISS**
 Str **CMC**
4175 East Bay Dr., Suite 205
 City **Clearwater, FL 33764**
 Zip Code _____

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 SIGNATURE *Kirk Bliss* DATE **3/10/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
**Make check payable to
Florida Department of State**

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