

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90104 050 ****61.25

DOCUMENT # N99000005755

1. Entity Name
SHORES OF LONG BAYOU XVIII CONDOMINIUM ASSOCIATI

Principal Place of Business 6301 SHORELINE DRIVE ST. PETERSBURG FL 33708	Mailing Address 6301 SHORELINE DRIVE ST. PETERSBURG FL 33708
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 59-3617372	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
HALL, MELINDA
6301 SHORELINE DRIVE
ST. PETERSBURG FL 33708

7. Name and Address of New Registered Agent
 Name: *Community Management Concepts*
 Street Address (P.O. Box Number is Not Acceptable):
4175 East Bay Drive Suite 205
 City: *Clearwater* FL Zip Code: *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.

SIGNATURE: *[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 Department of State

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: HALL, MELINDA STREET ADDRESS: 6301 SHORELINE DRIVE CITY-ST-ZIP: ST. PETERSBURG FL 33708	<input checked="" type="checkbox"/> Delete
TITLE: VPD NAME: HALL, SAM STREET ADDRESS: 6301 SHORELINE DRIVE CITY-ST-ZIP: ST. PETERSBURG FL 33708	<input checked="" type="checkbox"/> Delete
TITLE: STD NAME: HALL, TERRI STREET ADDRESS: 6301 SHORELINE DRIVE CITY-ST-ZIP: ST. PETERSBURG FL 33708	<input checked="" 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: PD NAME: <i>Barnes, Her</i> STREET ADDRESS: <i>6499 99th Way N. #18C</i> CITY-ST-ZIP: <i>St. Pete, FL 33708</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: <i>Kingster, William</i> STREET ADDRESS: <i>6499 99th Way N. #18B</i> CITY-ST-ZIP: <i>St. Pete, FL 33708</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD NAME: <i>Noe, Elizabeth</i> STREET ADDRESS: <i>6499 99th Way #18B</i> CITY-ST-ZIP: <i>St. Pete, FL 33708</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]* **REQUIRER** *ELIZABETH T. NOE* Date: *4/13/01* Daytime Phone #: *727-399-1958*

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CR2E037 (10/00)