[redacted] APR 28 06 12:03p SHORES OF LONG BAYOU 72

04/27/2006 10:42 7275366454 CMC

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May 09, 2006 8:00 am
Secretary of State
05-09-2006 90080 046 ****61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000005755

1. Entity Name
SHORES OF LONG BAYOU XVIII CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6301 SHORELINE DRIVE ST. PETERSBURG, FL 33708	6301 SHORELINE DRIVE ST. PETERSBURG, FL 33708

40089705

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

04272006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3617372 ☐ 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
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

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BARNES, KEN 6499 99TH WAY N #18C SAINT PETERSBURG, FL 33708	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ~~KINGERTER~~, WILLIAM 6649 99TH WAY N #18G SAINT PETERSBURG, FL 33708	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	wingeter, william ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD NOE, ELIZABETH 6499 99TH WAY N #18B SAINT PETERSBURG, FL 33708	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Noe, Elizabeth ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: X Elizabeth J. Noe 4/28/2006 727-399-1958

SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #