


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

04-23-2007 90062 033 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000005755			
1. Entity Name SHORES OF LONG BAYOU XVII CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 6301 SHORELINE DRIVE ST. 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 59-3617372		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		Name	
Street Address (P.O. Box Number is Not Acceptable)		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 agents.			
SIGNATURE _____ <small>Check one, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when transferring.) DOC#</small>			
Filing Fee is \$61.26 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, KEN	NAME	
STREET ADDRESS	6499 99TH WAY N #18C	STREET ADDRESS	
CITY - ST - ZIP	SAINT PETERSBURG, FL 33708	CITY - ST - ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINGETER, WILLIAM	NAME	
STREET ADDRESS	6649 99TH WAY N #18C	STREET ADDRESS	
CITY - ST - ZIP	SAINT PETERSBURG, FL 33708	CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOE, ELIZABETH	NAME	Sec.
STREET ADDRESS	6499 99TH WAY N #18B	STREET ADDRESS	
CITY - ST - ZIP	SAINT PETERSBURG, FL 33708	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	TRG
STREET ADDRESS		STREET ADDRESS	ADAMS, Steve
CITY - ST - ZIP		CITY - ST - ZIP	6499 99th Way N. # 18H
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	ST. PETERSBURG, FL 33708
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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 empowers.			
SIGNATURE: <i>Elizabeth C. Noe, Secretary</i>		Date: <i>4/18/07</i>	Capitol Phone #: <i>727-399-1958</i>

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