


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-24-2008 90053 036 ****61.25

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| DOCUMENT # N99000005755 | | | |  | |
| 1. Entity Name SHORES OF LONG BAYOU XVIII 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 | |
| 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 of Agent Ne KIRK BLISS Str CMC 4175 East Bay Dr., Suite 205 Cit Clearwater, FL 33764 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 <u><i>Kirk Bliss</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | DATE <u>3/10/08</u> <small>(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 | PD BARNES, KEN 6499 99TH WAY N #18C SAINT PETERSBURG, FL 33708 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD WINGETER, WILLIAM 6649 99TH WAY N #18G SAINT PETERSBURG, FL 33708 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S NOE, ELIZABETH 6499 99TH WAY N #18B SAINT PETERSBURG, FL 33708 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T ADAMS, STEVE 6499 99TH WAY N #18H SAINT PETERSBURG, FL 33708 | <input type="checkbox"/> Delete | 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"/> Delete | | 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"/> Delete | | 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 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>Ken Barnes</i></u> KEN BARNES, PRESIDENT <u>3/5/08</u> <u>727-812-7505</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |