

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005755

FILED
Apr 02, 2009
Secretary of State

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

Current Principal Place of Business:

6301 SHORELINE DRIVE
ST. PETERSBURG, FL 33708

New Principal Place of Business:

Current Mailing Address:

6301 SHORELINE DRIVE
ST. PETERSBURG, FL 33708

New Mailing Address:

FEI Number: 59-3617372

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT CONCEPTS, INC.
4585 140TH AVE. NORTH SUITE 1012
CLEARWATER, FL 33762 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BARNES, KEN
Address: 6499 99TH WAY N #18C
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: VPD () Delete
Name: WINGETER, WILLIAM
Address: 6649 99TH WAY N #18G
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: S () Delete
Name: NOE, ELIZABETH
Address: 6499 99TH WAY N #18B
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: T () Delete
Name: ADAMS, STEVE
Address: 6499 99TH WAY N #18H
City-St-Zip: SAINT PETERSBURG, FL 33708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEN BARNES

P

04/02/2009

Electronic Signature of Signing Officer or Director

Date