

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716374 (4)

1. Corporation Name

CHATEAUX DE BARDMOOR CONDOMINIUM OWNERS ASSOCIATION, INC.

FILED
95 JAN 25 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1700 MCMULLEN BOOTH ROAD 1700 MCMULLEN BOOTH ROAD
C3 C3
CLEARWATER FL 34619 CLEARWATER FL 34619
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/15/1969 3a. Date of Last Report 04/25/1994
4. FEI Number 59-3041763 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
22 27
23 28
24 25 29 30

9. Name and Address of Current Registered Agent
~~HICKS, JOYCE M-~~
SEABOARD ARBORS MANAGEMENT SERVICE, INC.
1700 MCMULLEN BOOTH ROAD, SUITE C3
CLEARWATER FL 34619

10. Name and Address of New Registered Agent
B1 Name Lennard A. Leighton
B2 Street Address (P.O. Box Number is Not Acceptable) Seaboard Arbors Management Services, Inc.
B3 1700 McMullen Booth Rd., Suite C3
B4 City Clearwater FL B5 Zip Code 34619

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Lennard A. Leighton* 1-18-95 DATE
Signature, typed or printed name of registered agent and, if applicable, NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYERLY, DON	1.2 NAME	
STREET ADDRESS	8319 ANNWOOD ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGLES, ROBERT	2.2 NAME	
STREET ADDRESS	8355 CANDLEWOOD ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROHOFER, DON	3.2 NAME	
STREET ADDRESS	83 57 CANDLEWOOD ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	STD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGMAN, LARRY	4.2 NAME	Edwards, Elizabeth
STREET ADDRESS	8238 BRENTWOOD ROAD	4.3 STREET ADDRESS	8256 Annwood Road
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	Largo, FL 34614
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTMAN, ELMER	5.2 NAME	
STREET ADDRESS	0424 ANNWOOD ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRK, JOHN	6.2 NAME	
STREET ADDRESS	8441 BRENTWOOD ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Don Byerly* JAN 18, 1995
SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature) (Date)