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Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 716374 (4)
1. Corporation Name
CHATEAUX DE BARDMOOR CONDOMINIUM OWNERS ASSOCIATION, INC.



Principal Place of Business 1700 MCMULLEN BOOTH ROAD C3 CLEARWATER FL 34619 US	Mailing Address 1700 MCMULLEN BOOTH ROAD C3 CLEARWATER FL 34619-2129 US
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3. Date Incorporated or Qualified 04/15/1969	3a. Date of Last Report 02/14/1996
4. FEI Number 59-3041763	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
**LEIGHTON, LENNARD A.
SEABOARD ARBORS MANAGEMENT SERVICES, INC.
1700 MCMULLEN BOOTH RD., SUITE C3
CLEARWATER FL 34619**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	BYERLY, DON
STREET ADDRESS	8319 ANNWOOD ROAD
CITY-ST-ZIP	LARGO FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	ENGLES, ROBERT
STREET ADDRESS	8355 CANDLEWOOD ROAD
CITY-ST-ZIP	LARGO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	STROHOFER, DON
STREET ADDRESS	83 57 CANDLEWOOD ROAD
CITY-ST-ZIP	LARGO FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	EDWARDS, ELIZABETH
STREET ADDRESS	8256 ANNWOOD RD
CITY-ST-ZIP	LARGO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HEINTZ, RUTH
STREET ADDRESS	8441 BRENTWOOD ROAD
CITY-ST-ZIP	LARGO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GOLDBERGER, MORTON
STREET ADDRESS	8060 BRENTWOOD ROAD
CITY-ST-ZIP	LARGO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D Townsend, William
4.3 STREET ADDRESS	8077 Brentwood Road
4.4 CITY-ST-ZIP	Largo, Fl.
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Strohfer, Sid
5.3 STREET ADDRESS	8431 Candlewood Road
5.4 CITY-ST-ZIP	Largo, Fl.
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Donald J. Strohofer Pres. Mar 11, 1997**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **667158**

CR2E037 (9/96)