

FILE NOW: FILING FEE IS \$61.25

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**Jan 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 US
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3. Date Incorporated or Qualified 04/15/1969	Applied For Not Applicable
4. FEI Number 59-3041763	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**LEIGHTON, LENNARD A.
SEABOARD ARBORS MANAGEMENT SERVICES, INC.
1700 MCMULLEN BOOTH RD., SUTIE 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	D	<input checked="" type="checkbox"/> DELETE
NAME	TOWNSEND, WILLIAM	
STREET ADDRESS	8077 BRENTWOOD RD	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STURM, SID	
STREET ADDRESS	8431 CANDLEWOOD RD	
CITY-ST-ZIP	LARGO FL	
TITLE	PD	<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 checked="" type="checkbox"/> DELETE
NAME	HEINTZ, RUTH	
STREET ADDRESS	8441 BRENTWOOD ROAD	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input checked="" 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	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DOLORES L. HYER	
1.3 STREET ADDRESS	8414 ANNWOOD	
1.4 CITY-ST-ZIP	LARGO, FL 33777	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	KEITH A. BOLTZE	
5.3 STREET ADDRESS	8246 BRENTWOOD RD	
5.4 CITY-ST-ZIP	LARGO, FL 33777	
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]* **REQUIRED** Date: **1/15/98** Phone: **392-8481**

CR2E037 (10/97)