

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2000 8:00 am
Secretary of State

DOCUMENT # 716374

1. Entity Name

CHATEAUX DE BARDMOOR CONDOMINIUM OWNERS ASSOCIAT

01-31-2000 90020 028 ****61.25

Principal Place of Business

Mailing Address

1700 MCMULLEN BOOTH ROAD
 C3
 CLEARWATER FL 34619
 US

1700 MCMULLEN BOOTH ROAD
 C3
 CLEARWATER FL 33759-2129
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3.

c/o SEABOARD ARBORS
 MANAGEMENT SVC, INC
 2189 CLEVELAND STREET
 SUITE 225
 CLEARWATER, FL 33765
 US

c/o SEABOARD ARBORS
 MANAGEMENT SVC, INC
 2189 CLEVELAND STREET
 SUITE 225
 CLEARWATER, FL 33765
 US

4. FEI Number **59-3041763**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEIGHTON, LENNARD A.
 SEABOARD ARBORS MANAGEMENT SERVICES, INC.
 1700 MCMULLEN BOOTH RD., SUITE C3
 CLEARWATER FL 34619

Name

Street A

City

LEIGHTON, LEN
 c/o SEABOARD ARBORS
 MANAGEMENT SVC, INC
 2189 CLEVELAND STREET
 SUITE 225
 CLEARWATER, FL 33765
 US

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	STD STRAWZ, MARIE	<input type="checkbox"/> Delete
STREET ADDRESS	8090 CANDLEWOOD RD	
CITY-ST-ZIP	LARGO FL 33777	
TITLE NAME	D DOLAN, EUGENE	<input type="checkbox"/> Delete
STREET ADDRESS	8354 CANDLEWOOD RD	
CITY-ST-ZIP	LARGO FL 33777	
TITLE NAME	PD STROHOFER, DON	<input type="checkbox"/> Delete
STREET ADDRESS	83 57 CANDLEWOOD ROAD	
CITY-ST-ZIP	LARGO FL	
TITLE NAME	VPD EDWARDS, ELIZABETH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	8256 ANNWOOD RD	
CITY-ST-ZIP	LARGO FL	
TITLE NAME	D BOLTZE, KEITH A	<input type="checkbox"/> Delete
STREET ADDRESS	8246 BRENTWOOD RD	
CITY-ST-ZIP	LARGO FL	
TITLE NAME	D TODD, WILLIAM G	<input type="checkbox"/> Delete
STREET ADDRESS	8412 ANNWOOD RD	
CITY-ST-ZIP	LARGO FL 33777	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> *****
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> *****
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> *****
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D MARR, ALBERT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> *****
STREET ADDRESS	8352 ANNWOOD RD	
CITY-ST-ZIP	LARGO, FL	
TITLE NAME	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> *****
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> *****
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Don Strohofer, Pres.

Jan 24, 2000