2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716374

1. Entity Name

CHATEAUX DE BARDMOOR CONDOMINIUM OWNERS ASSOCIAT

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

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|---|---|--|--|--|---|--------------------------|---|----------|
| Principal Place | e of Business | Mailing Address | · v | | | | | |
| 1700 MCMULLE | n B ooth Road | 1700 MCMULLEN BOOTH RO | AD | | | | | |
| 3 | | C3 CLEARWATER FL 33759-2129 | | 1 | | | | |
| CLEARWATER FL 34619 US | | US | | 1 11 | 1811) 1888 (18818 81) 88 (1 | Hit ikusi eldi albir bid | |)) |
| . Principal Pl | ace of Business | 3. | | | | | | |
| | * 1 | CLO SEABOARD | ARBORS | | 0 141 1 880 1 11 010 0 110 8 11 | ICE TRACTI MENT MENT NER | ili Bibil siali bib | |
| | SEARGADA APRODO | I MANAGEMENT S | VC.INC | | DO NO | WRITE IN THIS | SPACE | |
| C\0 SEABOARD ARBORS MANAGEMENT SVC, INC 2189 CLEVELAND STREET SUITE 225 | | 2189 CLEVELAND STREET SUITE 225 | | 4 FEIN | 4. FEI Number Applied For | | | |
| | | CLEARWATER, | FL 33765 | 4. / 2.11 | 59-3041763 | | | |
| CLEA US | RWATER, FL 33765 | | | 5. Certif | icate of Status Des | ired : | \$8.75 Add | |
| | C. Novi and Address of Current | Pagistared Agent | | 7 Name | and Address of I | New Registered | Fee Require Agent | ш |
| | 6. Name and Address of Current | Registered Agent | Name | 7. 148/116 | alla Address Oi i | ich riegistereu | | - |
| | ~ | | Street A | LEIGHTON, | LEM JARD ARBORS | | | |
| | , LENNARD A. | OEO INO | - Olicel A | MANAGEMEN | IT SVC, INC | · | | |
| |) arbors management servi Ullen Booth RD?, sutie C3 | CES, INC. | | SUITE 225 | 'ELAND STRE ; | | | |
| | TER FL 34619 | , | City | CLEARWATE US | R, FL 3376 | 55 FL | Zip Cod | е |
| | named entity submits this statement to | or the ourpose of changing its re | egistered office or | | or both, in the state | | - 1 | |
| • THE ADOVE | Harried Willy Submits this statement | or the purpose of changing its re | J | registered agent, e | or boar, in the state | / | | |
| | 10 HOTRALA | Lolder 1 | / | | . , | hala | 3 / | |
| IGNATURE _ | The state of the | | <u> </u> | | / | DATE | | |
| | Signature, typed or printed name of registered agent | t and title if applicable. | Registered Agent signati | re required when reinstating | ng) | / DAIL | | |
| | Signature, typed or printed name of registered agent | and title if policable. (NOTE:) | Registered Agent signati | ure required when reinstatin | ng) / | | | |
| | | 9. Election Campaign F | | | | Make Check | Payable to | . |
| | Signature, typed or printed name of registered agent FILE NOW: FEE IS \$61.25 | | inancing | \$5.00 May Be Added to Fees | | | |) |
| | FILE NOW: FEE IS \$61.25 | Election Campaign F Trust Fund Contribut | Financing ion. | \$5.00 May Be Added to Fees | | Make Check Departmen | t of State | |
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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 arn 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #