

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90080 035 ****61.25

DOCUMENT # 716374

1. Entity Name

CHATEAUX DE BARDMOOR CONDOMINIUM OWNERS ASSOCIAT

Principal Place of Business

Mailing Address

C/O SEABOARD ARBORS MGMT SVC. INC.
 2189 CLEVELAND ST -STE 225
 CLEARWATER FL 34619
 US

C/O SEABOARD ARBORS MGMT SVC. INC.
 2189 CLEVELAND ST -STE 225
 CLEARWATER FL 34619
 US

601716



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3041763

Applied For

Not Applicable

Zip

Country

Zip

Country

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 MGMT. SVC, INC.
2189 CLEVELAND ST- STE 225
CLEARWATER FL 34619

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 **STD** Delete
 NAME **STRAWZ, MARIE**
 STREET ADDRESS **8090 CANDLEWOOD RD**
 CITY-ST-ZIP **LARGO FL 33777**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **DOLAN, EUGENE**
 STREET ADDRESS **8354 CANDLEWOOD RD**
 CITY-ST-ZIP **LARGO FL 33777**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **STROHOFER, DON**
 STREET ADDRESS **83 57 CANDLEWOOD ROAD**
 CITY-ST-ZIP **LARGO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MARR, ALBERT**
 STREET ADDRESS **8352 ANNWOOD RD**
 CITY-ST-ZIP **LARGO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** Delete
 NAME **BOLTZE, KEITH A**
 STREET ADDRESS **8246 BRENTWOOD RD**
 CITY-ST-ZIP **LARGO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **TODD, WILLIAM G**
 STREET ADDRESS **8412 ANNWOOD RD**
 CITY-ST-ZIP **LARGO FL 33777**

TITLE Change Addition
 NAME
 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: *Don Strohofer* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/2001 (727) 392-8481

CR2E037 (10/00)