

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90149 044 ****61.25

UBR3/15

DOCUMENT # 716374

1. Entity Name

CHATEAUX DE BARDMOOR CONDOMINIUM OWNERS ASSOCIATION, INC.

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

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

33765

Country

33765

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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	<input type="checkbox"/> Delete
NAME	STRAWZ, MARIE	
STREET ADDRESS	8090 CANDLEWOOD RD	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOLAN, EUGENE	
STREET ADDRESS	8354 CANDLEWOOD RD	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STROHOFER, DON	
STREET ADDRESS	83 57 CANDLEWOOD ROAD	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARR, ALBERT	
STREET ADDRESS	8352 ANNWOOD RD	
CITY-ST-ZIP	LARGO FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BOLTZE, KEITH A	
STREET ADDRESS	8246 BRENTWOOD RD	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TODD, WILLIAM G	
STREET ADDRESS	8412 ANNWOOD RD	
CITY-ST-ZIP	LARGO FL 33777	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Keith A. Boltze **KEITH A. BOLTZE V.P.** 1/16/02 (227) 397-4449

Date

Daytime Phone #

CP2E037 (9/01)