

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90072 017 ****61.25

DOCUMENT # 716374

1. Entity Name

**CHATEAUX DE BARDMOOR CONDOMINIUM OWNERS
ASSOCIATION, INC.**



Principal Place of Business

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

Mailing Address

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

24022034



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MOORE CR2E037 (11/03)

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida 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 CITY-ST-ZIP	8090 CANDLEWOOD RD LARGO FL 33777	
TITLE NAME	D DOLAN, EUGENE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	8354 CANDLEWOOD RD LARGO FL 33777	
TITLE NAME	PD STROHOFER, DON	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	83 57 CANDLEWOOD ROAD LARGO FL	
TITLE NAME	D POTTERS, DAVE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	8352 ANNWOOD RD LARGO FL	
TITLE NAME	VPD BOLTZE, KEITH A	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	8246 BRENTWOOD RD LARGO FL	
TITLE NAME	D TODD, WILLIAM G	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	8412 ANNWOOD RD LARGO FL 33777	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	D Howard Picotte	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	8082 Annwood Road Largo, FL 33777	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	D Catherine Rehberg	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	8368 Candlewood Rd Largo, FL 33777	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Donald Strohofer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #