


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90046 048 \*\*\*\*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**



2. Principal Place of Business: **C/O SEABOARD ARBORS MGMT SVC INC MANAGEMENT SVC, INC 2189 CLEVELAND ST STE 225 CLEARWATER, FL 33765**  
 3. Mailing Address: **C/O SEABOARD ARBORS MGMT SVC INC MANAGEMENT SVC, INC 2189 CLEVELAND ST STE 225 CLEARWATER, FL 33765**

1st MOORE CR2E037 (10/05)  
 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:  
**LEIGHTON, LENNARD A. SEABOARD ARBORS MGMT. SVC, INC. 2189 CLEVELAND ST- STE 225 CLEARWATER FL 34619**

7. Name and Address of New Registered Agent:  
 Name: **LEIGHTON, LENNARD A.**  
 Street: **c/o SEABOARD ARBORS MANAGEMENT SVC, INC 2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765**  
 City: **FL** Zip Code: \_\_\_\_\_

B. 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]* DATE: **1/20/06**  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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	
TITLE: <b>STD</b>	<input type="checkbox"/> Delete
NAME: <b>STRAWZ, MARIE</b>	
STREET ADDRESS: <b>8090 CANDLEWOOD RD</b>	
CITY-ST-ZIP: <b>LARGO FL 33777</b>	
TITLE: <b>D</b>	<input type="checkbox"/> Delete
NAME: <b>PICOTTE, HOWARD</b>	
STREET ADDRESS: <b>8082 ANNWOOD ROAD</b>	
CITY-ST-ZIP: <b>LARGO FL 33777</b>	
TITLE: <b>PD</b>	<input type="checkbox"/> Delete
NAME: <b>STROHOFER, DON</b>	
STREET ADDRESS: <b>83 57 CANDLEWOOD ROAD</b>	
CITY-ST-ZIP: <b>LARGO FL</b>	
TITLE: <b>D</b>	<input type="checkbox"/> Delete
NAME: <b>REHBERG, CATHERINE</b>	
STREET ADDRESS: <b>8368 CANDLEWOOD RD</b>	
CITY-ST-ZIP: <b>SEMINOLE FL 33777</b>	
TITLE: <b>VPD</b>	<input checked="" type="checkbox"/> Delete
NAME: <b>BOLTZE, KEITH A</b>	
STREET ADDRESS: <b>8246 BRENTWOOD RD</b>	
CITY-ST-ZIP: <b>LARGO FL</b>	
TITLE: <b>D</b>	<input type="checkbox"/> Delete
NAME: <b>TODD, WILLIAM G</b>	
STREET ADDRESS: <b>8412 ANNWOOD RD</b>	
CITY-ST-ZIP: <b>LARGO FL 33777</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: <b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>REHBERG, CATHERINE</b>	
STREET ADDRESS: <b>8368 CANDLEWOOD RD</b>	
CITY-ST-ZIP: <b>LARGO, FL</b>	
TITLE: <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>LA BERTH, KATHY</b>	
STREET ADDRESS: <b>8212 ANNWOOD RD</b>	
CITY-ST-ZIP: <b>LARGO FL</b>	
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 exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 from all other like empowered.

SIGNATURE: *[Signature]* **01/26/06 727-392-1347**