

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90006 030 ****61.25

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



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

1st MOORE CR2E037 (10/07)
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
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 _____ (NOTE: Registered Agent Signature required when reconstituting) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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 NAME STD STRAWZ, MARIE STREET ADDRESS 8090 CANDLEWOOD RD CITY-ST-ZIP LARGO FL 33777	<input type="checkbox"/> Delete
TITLE NAME PD PICOTTE, HOWARD STREET ADDRESS 8082 ANNWOOD ROAD CITY-ST-ZIP LARGO FL 33777	<input type="checkbox"/> Delete
TITLE NAME D STROHOFER, DON STREET ADDRESS 83 57 CANDLEWOOD ROAD CITY-ST-ZIP LARGO FL	<input type="checkbox"/> Delete
TITLE NAME VPD REHBERG, CATHERINE STREET ADDRESS 8368 CANDLEWOOD RD CITY-ST-ZIP SEMINOLE FL 33777	<input type="checkbox"/> Delete
TITLE NAME D LA BERTH, KATHY STREET ADDRESS 8112 ANNWOOD RD CITY-ST-ZIP LARGO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME D VESCOVI, CHERYL STREET ADDRESS 8410 ANNWOOD RD CITY-ST-ZIP LARGO FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *Catherine F Rehberg*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR