

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720601 (4)
1. Corporation Name
CHATEAUX DE BARDMOOR, INC., NO. 6, A CONDOMINIUM



Principal Place of Business
8300 BARDMOOR BLVD.
LARGO FL 34647
US

Mailing Address
8300 BARDMOOR BLVD
APT 201
LARGO FL 34647
US

3. Date Incorporated or Qualified
03/29/1971

3a. Date of Last Report
03/02/1995

4. FEI Number
59-2110099

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

MERKEY, JANE
8300 BARDMOOR BLVD
APT 201
LARGO FL 34647

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	SCHULTZ, ERIC H	1.2 NAME	MR CHARLES DUNBAR
STREET ADDRESS	2331 BEELEAIR RD 506	1.3 STREET ADDRESS	884 BAY POINT DR.
CITY-ST-ZIP	CLEARWATER, FL 00000	1.4 CITY-ST-ZIP	MADEIRA BEACH FL 33708
TITLE	D	2.1 TITLE	P
NAME	BURKE, HARVEY	2.2 NAME	MR ROBERT PLANINSHEK
STREET ADDRESS	8300 BARDMOOR BLVD., APT 208	2.3 STREET ADDRESS	9951 55TH AVE NO.
CITY-ST-ZIP	LARGO, FL 00000	2.4 CITY-ST-ZIP	ST PETERSBURG FL 33708
TITLE	DS	3.1 TITLE	
NAME	MERKEY, JANE	3.2 NAME	
STREET ADDRESS	8300 BARDMOOR BLVD #201	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	
TITLE	VT	4.1 TITLE	
NAME	LUNDBERG, TED	4.2 NAME	
STREET ADDRESS	8300 BARDMOOR BLVD 104	4.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	SILVER, DEAN	5.2 NAME	
STREET ADDRESS	8300 BARDMOOR BLVD., APT 109	5.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	
NAME	MR CHARLES DUNBAR	6.2 NAME	
STREET ADDRESS	884	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JANE MERKEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/96
Date

813/530-2283
Daytime Phone #

CR2E037 (12/95)