FILE NOW: FILING FEE IS $61.25

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Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 720601 (4)

1. Corporation Name
CHATEAUX DE BARDMOOR, INC., NO. 6, A CONDOMINIUM

Principal Place of Business	Mailing Address
8300 BARDMOOR BLVD. LARGO FL ~~34647~~ US	8300 BARDMOOR BLVD APT 201 LARGO FL 33777-2020 US

3. Date Incorporated or Qualified: 03/29/1971
3a. Date of Last Report: 05/23/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip 24: 33777 Country 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip 29 Country 30

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

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 FL 85 Zip Code 33777

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHULTZ, ERIC H		1.2 NAME		
STREET ADDRESS	2331 BEELEAIR RD 506		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL ~~00000~~		1.4 CITY-ST-ZIP	34624	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BURKE, HARVEY		2.2 NAME		
STREET ADDRESS	8300 BARDMOOR BLVD., APT 208		2.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL ~~00000~~		2.4 CITY-ST-ZIP	33777	
TITLE	DS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
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	33777	
TITLE	VT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
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	33777	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
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	33777	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DUNBAR, CHARLES		6.2 NAME		
STREET ADDRESS	884 BAYPOINT DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	MADEIRA BEACH FL		6.4 CITY-ST-ZIP	33708	

CR2E037 (9/96)

14. I do 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 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: [illegible] JANE MERKEY 3/10/97 813 531-2283