

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am  
Secretary of State

|                                                       |                                                                                   |                                                                                                           |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

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



|                                                                                     |                                                                                    |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>8300 BARDMOOR BLVD.<br/>LARGO FL 33777<br/>US</b> | Mailing Address<br><b>8300 BARDMOOR BLVD<br/>APT 201<br/>LARGO FL 33777<br/>US</b> |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|

3. Date Incorporated or Qualified  
**03/29/1971**

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**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MERKEY, JANE  
8300 BARDMOOR BLVD  
APT 201  
LARGO FL 33777**

|                                                       |             |
|-------------------------------------------------------|-------------|
| 81 Name                                               | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               | <b>FL</b>   |

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                      | NAME           | 1.1 TITLE                                             | 1.2 NAME        |
| STREET ADDRESS             | STREET ADDRESS | 1.3 STREET ADDRESS                                    | 1.4 CITY-ST-ZIP |
| CITY-ST-ZIP                | CITY-ST-ZIP    | 2.1 TITLE                                             | 2.2 NAME        |
|                            |                | 2.3 STREET ADDRESS                                    | 2.4 CITY-ST-ZIP |
|                            |                | 3.1 TITLE                                             | 3.2 NAME        |
|                            |                | 3.3 STREET ADDRESS                                    | 3.4 CITY-ST-ZIP |
|                            |                | 4.1 TITLE                                             | 4.2 NAME        |
|                            |                | 4.3 STREET ADDRESS                                    | 4.4 CITY-ST-ZIP |
|                            |                | 5.1 TITLE                                             | 5.2 NAME        |
|                            |                | 5.3 STREET ADDRESS                                    | 5.4 CITY-ST-ZIP |
|                            |                | 6.1 TITLE                                             | 6.2 NAME        |
|                            |                | 6.3 STREET ADDRESS                                    | 6.4 CITY-ST-ZIP |

|           |          |                    |                 |
|-----------|----------|--------------------|-----------------|
| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP |

14. 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 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 **JANE MERKEY** 1/3/98 393-0344

CP2E037 (10/97)