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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 720601 1. Corporation Name

CHATEAUX DE BARDMOOR, INC., NO. 6, A CONDOMINIUM

Principal Place of Business 8300 BARDMOOR BLVD. LARGO FL 33777 US	Mailing Address 8300 BARDMOOR BLVD APT 201 LARGO FL 33777			
2. Division Plans of Division	US			
2. Principal Place of Business	za. Mailing Address			

FILED							
Apr 14, 1999 8:00 am							
Secretary of State							

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Principal Place		Mailing Address				6 1881) (1881) (1881) 88) (1881) 88) (1881)	100 0100	erêlî Alêlî êrêl	II 313(J 130)	
8300 BARDMOO LARGO FL 3377 US	=	8300 BARDMOOR BLVD APT 201 LARGO FL 33777 US .								
2. Principal Pl	ace of Business	2a. Mailing Address				3. Date Incorporated or Qualifed				1
21	26					03/29/1971				
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				4. FEI Number		1 1	plied For	_
22		27				59-2110099			t Applicable	4
- City & State	الاستنفاد كالمنافق بيناسوسي بنيديد الدواق	City & State	> -		- ت	5. Certificate of Status Desired	سيسيند	\$8.75 A Fee Re		1
23		28				•				-
Zip	Country	Zip Cou		•		6. Election Campaign Financing		\$5.00 May Be Added to Fees		
24	25	29 30	<u> </u>			Trust Fund Contribution 10. Name and Address of New Regis	tered A		o rees	1
	9. Name and Address of Current	Registered Agent	81	Name		IV. Hallie and Address of Ren Regis	10104 7	goin		1
										╣
MERKEY, J			82	Street .	Addres	ss (P.O. Box Number is Not Acceptable)			`	
	DMOOR BLVD		83							1
APT 201			L					T [m		-
LARGO FL	. 33777		84	City			FL	85 Zip C	Code	ł
11 Dureuant	to the provisions of Sections 617 0502	and 617.1508. Florida Statutes.	the abov	e-named	corpor	ration submits this statement for the purp	ose of c	hanging its	registered	1
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida Such change was author	onzed by	the corbo	oration	's board of directors. I hereby accept the	appoin	tment as reg	gistered	
agent. 1 ai	m ramiliar with, and accept the obligation	ons of, Section 617,0000, Florida	otatut o :	•						ſ
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Age	nt signature r	equired v	when reinstating) . D	ATE			وَ ا
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE	RS ANI] 5
ΠΠLE	PD	☐ DELETE	1.1 TITLE					Change	☐ Addition	2
NAME	SCHULTZ, ERIC H		1.2 NAME			•				100
STREET ADDRESS	2331 BEELEAIR RD 506		1.3 STREE	TADORESS						اِيَّا ا
CITY-ST-ZIP	CLEARWATER, FL 00000 33774		1.4 CITY-5	T-ZIP						Į è
TITLE	4	S OELETE .	2.1 TITLE		ν.	BERT PLANINGH	FI	Change	Addition	1
NAME	BURKE, HARVEY		2.2 NAME		Ko	BEKL PENOLOGI	υ <u>,</u>			
STREET ADDRESS	8300 BARDMOOR BLVD., APT 20	8	2.3 STREE	TADORESS		Aam A A				
Cffy-ST-ZIP	LARGO, FL 00000 33777		2.4 CITY-	ST-ZIP	SI	PETERSBURG, FL	<u> </u>	F305	☐ Addition	4
_1111E	DS		3.1 TITLE	· •	-	and the second second second	· = 27°=	Change	- · Mannoù	
NAME	MERKEY, JANE		3.2 NAME		1					
STREET ADDRESS	8300 BARDMOOR BLVD #201			TADORESS	Ì					
Crty-St-ZiP	LARGO FL 33777	□ DELETE	3.4. CITY-	ST-ZIP				□ Change	☐ Addition	4
TITLE	vτ	☐ DELETE	4.1 TITLE					criange		
NAME	LUNDBERG, TED		4. 2 NAME							1
	8300 BARDMOOR BLVD 104			TADORESS						
CITY-ST-ZIP	LARGO FL 33777	☐ DELETE	4,4 CITY-9	1-ZIP	 			Change	Addition	;∤
TITLE	D	☐ DELETE	5.1 TITLE 5.2 NAME		1					
NAME	SILVER, DEAN			TADORESS	1					-
STREET ADDRESS	8300 BARDMOOR BLVD., APT 10	19	5.4 CITY-5							
CITY-ST-ZIP TITLE	LARGO FL 33777	☐ DELETE	6.1 TITLE		1			Change	☐ Addition	,
NAME	D CHARLES		6.2 NAME							
,	DUNBAR, CHARLES			T ADDRESS						1
STREET ADDRESS	884 BAYPOINT DR.		6.4 CITY-S							

MADEIRA BEACH FL 33778

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, with all other like empowered.

SIGNATURE: