## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # 720601

1. Entity Name CHATEAUX DE BARDMOOR, INC., NO. 6, A

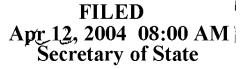
CONDOMINIUM

Principal Place of Business 8300 BARDMOOR BLVD. LARGO, FL 33777 US Mailing Address

8300 BARDMOOR BLVD

APT 201

LARGO, FL 33777





01092004 No Chg-NP

CR2E037 (10/03)

4. FEI Number 59-2110099 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent   |  |                               |                                |  |
|---|--|-------------------------------|--------------------------------|--|
| MERKEY, JANE<br>8300 BARDMOOR BLVD<br>APT 201<br>LARGO, FL 33777  |  | DO NOT WRITE<br>IN THIS SPACE |                                |  |
| 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  Signally byped or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  ATE |  |                               |                                |  |
| Filing Fee is \$61.25<br>Due by May 1, 2004   | Election Campaign Finan     Trust Fund Contribution. | icing                         | \$5.00 May Be<br>Added to Fees | 9273000 09537<br>34, 12794-82598-917 81.25 |
| 10. OFFICERS AND DIR   TITLE  | ECTORS   |                               |                                | NOT WRITE<br>THIS SPACE                    |

12. 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 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:

Western . SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR