2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 720601

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

Principal Place of Business	Mailing Address
8300 BARDMOOR BLVD. LARGO, FL 33777 US	8300 BARDMOOR BLVD APT 201 LARGO, FL 33777 US

DO NOT WRITE IN THIS SPACE

01052005 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
8300 BARDMOOR BLVD
APT 201
LARGO, FL 33777

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000175782
01/10/05-80063-025 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SEICHKO, RON
STREET ADDRESS	8300 BARDMOOR BLVD #202
CITY-ST-ZIP	LARGO, FL 33777
TITLE	T
NAME	EHLERS, BILL
STREET ADDRESS	8200 BARDMOOR BLVD #203
CITY-ST-ZIP	LARGO, FL 33777
TITLE	DS
NAME	MERKEY, JANE
STREET ADDRESS	8300 BARDMOOR BLVD #201
CITY-ST-ZIP	LARGO, FL 33777
TITLE	D
NAME	SILVER, DEAN
STREET ADDRESS	8300 BARDMOOR BLVD #109
CITY-ST-ZIP	LARGO, FL 33777
TITLE	D
NAME	HURON, DAMSER
STREET ADDRESS	8300 BARDMOOR BLVD #206
CITY-ST-ZIP	LARGO, FL 33777
TITLE	VP
NAME	KOONTZ, AL
STREET ADDRESS	8300 BARDMOOR BLVD #107
CITY-ST-ZIP	LARGO, FL 33777

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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: William D. Ehlers 1-6-05 727-392-6753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #