# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 23, 2008 8:00 am**
**Secretary of State**
03-31-2008 90031 002 ****61.25

DOCUMENT # 720601

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

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

66007669

01082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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 Jane Merkey 04/17/08
Signature, Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | SEICHKO, RON |
| STREET ADDRESS | 8300 BARDMOOR BLVD #202 |
| CITY-ST-ZIP | LARGO, FL 33777 |
| TITLE | DS |
| NAME | MERKEY, JANE |
| STREET ADDRESS | 8300 BARDMOOR BLVD #201 |
| CITY-ST-ZIP | LARGO, FL 33777 |
| TITLE | VP |
| NAME | KOONTZ, AL |
| STREET ADDRESS | 8300 BARDMOOR BLVD #107 |
| CITY ST-ZIP | LARGO, FL 33777 |
| TITLE | T |
| NAME | ADAMS, BILL |
| STREET ADDRESS | 8300 BARDMOOR BLVD. 108 |
| CITY-ST-ZIP | LARGO, FL 33777 |
| TITLE | D |
| NAME | ~~SCHWETER, BETTY~~ |
| STREET ADDRESS | ~~8300 BARDMOOR BLVD. 108~~ |
| CITY ST-ZIP | ~~LARGO, FL 33777~~ |
| TITLE | GASPER |
| NAME | 8300 Bardmoor Blvd. 110 |
| STREET ADDRESS | LARGO, FL. 33777 |
| CITY-ST-ZIP | |

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GASPER GUGGINO

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 W. Adams TREAS. 3-19-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #