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95 MAY -1 PM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 728364 (1)
1. Corporation Name
BARDMOOR PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business P O BOX 10162 LARGO FL 34643	Mailing Address P O BOX 10162 LARGO FL 34643
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/12/1973	3a. Date of Last Report 04/13/1994
4. FEI Number 59-1673881	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**SCOTT, WILLIAM G
2700 BARNETT PLAZA
101 E. KENNEDY BLVD
TAMPA FL 33601**

10. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83. City	84. State FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE S	NAME BETHMAN, JANE	1.1 TITLE Secretary/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9014 MERRIMOOR BLVD	CITY-ST-ZIP LARGO FL	1.2 NAME Jane Garcia	
		1.3 STREET ADDRESS 9200 Merrimoor Blvd.	
		1.4 CITY-ST-ZIP Largo, FL 34647	
TITLE T	NAME BASLER, DIANE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8294 NORWOOD RD	CITY-ST-ZIP LARGO FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE VP	NAME TUCK, TOM	3.1 TITLE V.P./D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7921 IVYWOOD RD	CITY-ST-ZIP LARGO FL	3.2 NAME SULSAN Blackburn	
		3.3 STREET ADDRESS 8082 Merrimoor Blvd.	
		3.4 CITY-ST-ZIP Largo, FL 34647	
TITLE P	NAME BROWN, HARRIS	4.1 TITLE President/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9291 MERRIMOOR BLVD	CITY-ST-ZIP LARGO FL	4.2 NAME Robere Hagelman	
		4.3 STREET ADDRESS 3105 Larchwood	
		4.4 CITY-ST-ZIP LARGO, FL 34647.	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Diane Basler - Diane Basler Date: 4-6-95 Daytona Phone #: 813-397-6088