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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

728364

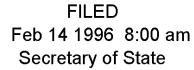
(1)

BARDMOOR PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business P O BOX 10162

Mailing Address

P O BOX 10162





•	ANOU I E SA	W-10-1		Chri	OU 11 04040										
											e Incorporated or Qualif 12/12/1973	fied 3	3a. Date o 05/	Last 01/19	
$\overline{}$	Principal Place of Business 2a. Mailing Addres										Number FO 4670004			\square'	Applied For
21											59-1673881			<u> </u>	Vot Applicable
Suite, Apt. #, etc.					Suite, Apt. #, etc.				5. Cer	tificate of Status Desire	d 🗆	, \$		Additional Required	
					City & State				6. Elex	tion Campaign Financir	na .	•	\$5 A	May Be	
23	3			28	28					st Fund Contribution				to Fees	
	Zip	Country			Zip Country				8. This	corporation has liability	y for intang	iible tax un	der s.	199.032,	
24		Ī	25	29		30				1	ida Statutes		s 🗆 No		·
Name and Address of Current Registered Agent									10. Name and Address of New Registered Agent						
								Name	e						
	SCOTT, WILLIAM G								t Aclded	ace (P O F	Box Number is Not Acce	antahle)			
2700 BARNETT PLAZA						82	Onec	at rection of	3.53 (F.O. E	OX MIGHIDOL IS THOU FLOOR	optable)				
	101 E. KENNEDY BLVD						83								
	TAMPA F	FL 33601					-	-						r =.	
							84	City					FL 8	5 Zıp	Code
11	I. Pursuant t	o the provision	ons of Sections 617.0502 both, in the State of Florid	and 617.1	508, Florida Statutes	s, the a	above r	named	corpora	ation subm	its this statement for th	e purpose	of changin	g its r	egistered office
	familiar wit	th, and accep	ot the obligations of, Sect	tion 617.05	03, Florida Statutes.	o oy u	ic corp	orallor,	a Dourc	u or airea	Ma: Thereby accept the	арропин	orit as rogi	310100	agont. ram
SI	GNATURE .	Signature, typed r	or printed name of registered agent	and title if appl	cable (NOT	t signatur	e required	when reinstal	ng)	D)ATE				
12	₹.	OFFICERS AND DIRECTOR)RS	13.			ADI	DITIONS/CHANGES TO	OFFICERS	S AND DIF	ECTO	RS IN 12	
TIT	LE	SD			DELETE	1	1 TITLE		TD)				nange	Addition Addition
NA	ME	GARCIA,	KAREN			1	2 NAME		NIE	EMANN	, PATRICK				
ŞT	REET ADDRESS	9200 ME	RRIMOOR BLVD			1.	3 STREET	ADDRESS	888	88 ME	RIMOOL BLVD				
CrT	Y-ST-ZIP	LARGO	FL			1.	4 CITY - S	I - 2 IP	14	AGO F	L 34647				
ΙıΙ	LE	T			DELETE	2	1 TITLE		SD					nange	Addition Addition
NA	ME	BASLER				2	2 NAME		GL	ASSMA	N, DON				
STI	REET ADDRESS	8294 NC	rwood RD			2	3 STREET	ADDRESS	3						
QIT	Y - ST - ZIP	LARGO	FL			2	4 CITY-5	ST-ZIP	LA	RGO I	L 34647				
TIT	LE	VPD			DELETE	3	1 TITLE						☐ Ct	nange	Addition
NA.	ME		urn, Susan			3	2 NAME								
sti	REET ADDRESS		RRIMOOR BLVD			3	3 STAEET	ADDRESS	5						
CIT	Y - ST - ZIP	LARGO	FL			3	4 CITY-5	ST-ZIP							
TIT	LE	PD			DELETE	4.	1 TITLE						☐ CI	nange	■ Addition
NA.	ME		aan, Robert			4	2 NAME								
Sī	REET ADDRESS		rshwood			4.	3 STREET	ADDRES	s						
CH	TV-ST-ZIP	LARGO	FL			4	.4 CITY - S	T - ZIP	\perp						
TIT	LE				DELETE	5	1 TITLE						[] Ci	nange	Addition
NA.	ME					5	2 NAME								
STI	REET ADDRESS					5	3 STREET	ADDRES	s						
Cn	ry-St-ZiP					5	4 CITY - S	T-ZIP							
TIT	LE				DELETE	6	1 TITLE						□ CI	nange	Addition
NA.	ME					6	2 NAME								
sti	REFT ADDRESS					6.	3 STREET	ADDRES	3						
CIT	ry-Sr-Zip					6	4 CHTY - S	T - ZIP							
			Alica Saferinia Piana a mantina	al. al.: Ann	1 1 1 1 1				-114 4-			110.07/04	O.A. Francisco	04-4-4	16.0

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR