

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 14 1996 8:00 am
Secretary of State

DOCUMENT # 728364 (1)
1. Corporation Name
BARDMOOR PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
P O BOX 10162 LARGO FL 34643 **P O BOX 10162 LARGO FL 34643**

3. Date Incorporated or Qualified **12/12/1973** 3a. Date of Last Report **05/01/1995**

| | | | | | | | |
|----|--------------------------------|----|---------------------|----|--|--------------------------|---------------------------------------|
| 21 | 2. Principal Place of Business | 2a | Mailing Address | 4. | FEI Number 59-1673881 | Applied For | |
| 22 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 5. | Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | City & State | 27 | City & State | 6. | Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Zip | 28 | Zip | 8. | This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> | Yes <input type="checkbox"/> No |
| 25 | Country | 29 | Country | | | | |
| 30 | | | | | | | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCOTT, WILLIAM G
2700 BARNETT PLAZA
101 E. KENNEDY BLVD
TAMPA FL 33601**

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | SD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GARCIA, KAREN | 1.2 NAME | NIEMANN, PATRICK |
| STREET ADDRESS | 9200 MERRIMOOR BLVD | 1.3 STREET ADDRESS | 8888 MERRIMOOR BLVD |
| CITY-ST-ZIP | LARGO FL | 1.4 CITY-ST-ZIP | LARGO FL 34647 |
| TITLE | T <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BASLER, DIANE | 2.2 NAME | GLASSMAN, DON |
| STREET ADDRESS | 8294 NORWOOD RD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LARGO FL | 2.4 CITY-ST-ZIP | LARGO FL 34647 |
| TITLE | VPD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLACKBURN, SUSAN | 3.2 NAME | |
| STREET ADDRESS | 8082 MERRIMOOR BLVD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | LARGO FL | 3.4 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAGERMAN, ROBERT | 4.2 NAME | |
| STREET ADDRESS | 8105 LARSHWOOD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LARGO FL | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 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: *Patrick J. Niemann* **PATRICK J. NIEMANN** **2/2/96** **(813) 871-7804**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)