FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 728364

(1)

1. Corporation Name BARDMOOR PROPERTY OWNERS ASSOCIATION, INC.					
יוטוואט	MOON FROTERIT OWNERS	ASSOCIATION, INC.		 	
Principal Plac	ce of Business	Mailing Address			
P O BOX 1016	2	P O BOX 10162			
LARGO FL 346		LARGO FL 33773-0162			
				3. Date incorporated or Qualified	3a. Date of Last Report 02/14/1996
<u> </u>			· · · · · · · · · · · · · · · · · · ·	12/12/1973	02/14/1996
— ·	Place of Business	2a. Mailing Address		4. FEI Number 59-1673881	Applied For
Suite, Apt	#, etc.	Suite, Apt. #, etc.		-	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	26 Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	This corporation has tiability for Florida Statutes	r intangible tax under s. 199.032, ☐ Yes ☐ No
	9. Name and Address of Current		100	10. Name and Address of New R	
81 Name (Prott Books	2011:0h
SCOTT, WILLIAM G			82 Street Ad	gress (P.O. Box Number is Not Accepte	Able) 0
2700 BARNETT PLAZA			9	36/ Merrinic	20K.
101 E. KENNEDY BLVD TAMPA FL 33601					
IAMPA	FL 33601		84 City /	0.000	85 Zip Code
11. Pursuant	to the provisions of Sections 617.0502	and 617,1508. Florida Statut	es, the above-named co	rnoration submits this statement for the	FL 3377
office or agent. La	registered agent, or both, in the State of	f Florida, Such change was a	authorized by the corpora	rporation submits this statement for the ation's board of directors. I hereby acce	or postered appointment as registered
SIGNATURE	Sext force it	1 Millian	ond oldiolog.		
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature req		DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
NAME	NIEWMANN, PATRICK	- Politica	1.2 NAME	ecretary Shkena	Change Addition
STREET ADDRESS	8888 MERRIMOOR BLVD		1.3 STREET ADDRESS	ILIOTT AShkena 8267 NORWOOD	i Rd.
CITY-ST-ZIP	LARGO FL	١.	1.4 CITY-ST-ZIP	Targo FL	33 777
TITLE	Serice Presi	DELETE	9.1 TIZLE	reasureR,	☐ Change
NAME	GLASSMAN, DON	/\	2.2 NAME	Diane Basler-7 8244 NORWOOD	FD, A
STREET ADDRESS	8294 NORWOOD RD		2.3 STREET ADDRESS	8244 NOR WOOD -	
CITY-ST-ZIP	LARGO FL VPD	- Honer	2.4 CITY-ST-ZIP	largo FL. 3	<u> 377 </u>
TITLE NAME	BLACKBURN, SUSAN	DELETÉ	3.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	8082 MERRIMOOR BLVD		3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		3.4. CITY - ST - ZIP		
TITLE	PD	DELETE	4.1 TITLE		Change 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	President - PD	DELETE AC	51 TITLE		Change Addition
NAME	Scott Raspopovi	ich -	52 NAME		
STREET ADDRESS			5 3 STHEET ADDRESS		
CITY-ST-ZIP TITLE		33777 LLDELETE A	5.4 CITY-ST-ZIP		Different Discourse
NAME	VICE President	n-100	6.2 NAME		L Change Addition
STREET ADDRESS	Win Glassing	idR.	6.3 STREET ADDRESS		
CITY-ST-ZIP	Don Glassma 8067 merring	33777	6.4 CITY-ST-ZIP		
44 14-6	7 70 5 7				****

I do 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 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.

FILED

Jul 15 1997 8:00am

Secretary of State