

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Sep 10 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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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3. Date Incorporated or Qualified <b>12/12/1973</b>	
4. FEI Number <b>59-1673881</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent <b>RASPOPOVICH, SCOTT 9361 MERRIMOOD 101 E. KENNEDY BLVD LARGO FL 33777</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of sections 617.0502 and 617.1506, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>SD</b>	<input checked="" type="checkbox"/>
NAME	<b>ASHKENASE, ELLIOTT</b>	
STREET ADDRESS	<b>8287 NORWOOD RD</b>	
CITY-ST-ZIP	<b>LARGO FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/>
NAME	<b>BASLER, DIANE</b>	
STREET ADDRESS	<b>8294 NORWOOD</b>	
CITY-ST-ZIP	<b>LARGO FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/>
NAME	<b>RASPOPOVICH, SCOTT</b>	
STREET ADDRESS	<b>9361 MERRIMOOD</b>	
CITY-ST-ZIP	<b>LARGO FL</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/>
NAME	<b>GLASSMAN, DON</b>	
STREET ADDRESS	<b>8087 MERRIMOOD</b>	
CITY-ST-ZIP	<b>LARGO FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>SD</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	<b>Melanie Litchy</b>		
1.3 STREET ADDRESS	<b>MERRIMOOD BLVD</b>		
1.4 CITY-ST-ZIP	<b>LARGO, FL.</b>		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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.

SIGNATURE: Diane Basler 9/2/98 813-347-6088  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)