


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90063 021 ****61.25

DOCUMENT # 728364					
1. Entity Name BARDMOOR PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business P O BOX 10162 LARGO, FL 33773			Mailing Address P O BOX 10162 LARGO, FL 33773		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1673881	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JONES, KAREN 8401 MERRIMOOR BLVD E SEMINOLE, FL 33777			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUSCH, ADRIENNE	NAME			
STREET ADDRESS	8413 MERRIMOOR BLVD E	STREET ADDRESS			
CITY-ST-ZIP	LARGO, FL 33777	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PALMER, CHRISTINA	NAME			
STREET ADDRESS	8447 MERRIMOOR BLVD E	STREET ADDRESS			
CITY-ST-ZIP	LARGO, FL 33777	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WEAVER, NATALIE	NAME	RUZECKI, RICH		
STREET ADDRESS	8666 MERRIMOOR BLVD E	STREET ADDRESS	7951 HARWOOD ROAD		
CITY-ST-ZIP	LARGO, FL 33777	CITY-ST-ZIP	LARGO, FL 33777		
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JONES, KAREN	NAME			
STREET ADDRESS	8401 MERRIMOOR BLVD E	STREET ADDRESS			
CITY-ST-ZIP	LARGO, FL 33777	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SWANGO, SCOTT	NAME			
STREET ADDRESS	9140 MERRIMOOR BLVD.	STREET ADDRESS			
CITY-ST-ZIP	LARGO, FL 33777	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SPERANDIO, MOLLY	NAME	no change		
STREET ADDRESS	8501 MERRIMOOR BLVD E	STREET ADDRESS	LARGO, FL 33777		
CITY-ST-ZIP	SEMINOLE, FL 33777	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Karen A Jones</u>		Date: <u>4/17/08</u>		Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

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10. OFFICERS AND DIRECTORS - CONTINUED

D
Basler, Diane
8294 Norwood Road
Largo, FL 33777

D
Bremm, Janet
7841 Oliver Road
Largo, FL 33777

D
Morlan, Sandy
8295 Norwood Road
Largo, FL 33777