

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90360 035 \*\*\*\*61.25

**DOCUMENT # 728364**



**1. Entity 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

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number 59-1673881**

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired**

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HUBER, HARRY**  
**7939 HARWOOD RD**  
**LARGO 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**9. Election Campaign Financing**  
Trust Fund Contribution.

**\$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	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GLASSMAN, DON</b>	
STREET ADDRESS	<b>8067 MERRIMOORE BLVD</b>	
CITY-ST-ZIP	<b>LARGO FL 33777</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SOCHA, PEGGY</b>	
STREET ADDRESS	<b>9330 MERRIMOOR</b>	
CITY-ST-ZIP	<b>LARGO FL 33777</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>HUBER, HARRY</b>	
STREET ADDRESS	<b>7939 HARWOOD</b>	
CITY-ST-ZIP	<b>LARGO FL 33777</b>	
TITLE	<b>2VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RASPOPOVIDHS, PAULA</b>	
STREET ADDRESS	<b>9361 MERRIMOOR</b>	
CITY-ST-ZIP	<b>LARGO FL 33777</b>	
TITLE	<b>E</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WIGHTMAN, M</b>	
STREET ADDRESS	<b>8917 MERRIMOOR BLVD E</b>	
CITY-ST-ZIP	<b>LARGO FL 33777</b>	
TITLE	<b>DRC</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, KAREN</b>	
STREET ADDRESS	<b>8401 MERRIMOOR BLVD E</b>	
CITY-ST-ZIP	<b>LARGO FL 33777</b>	

TITLE	<b>M</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Richard Ruzicki</b>	
STREET ADDRESS	<b>7951 Harwood Rd.</b>	
CITY-ST-ZIP	<b>LARGO, FL 33777</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CHRISTINA PALMER</b>	
STREET ADDRESS	<b>8447 MERRIMOOR BLVD E</b>	
CITY-ST-ZIP	<b>LARGO, FL 33777</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARY ANN DOMZALSKI</b>	
STREET ADDRESS	<b>8769 OAKDALE RD.</b>	
CITY-ST-ZIP	<b>LARGO, FL 33777</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. 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 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:** *Harold Huber* **Harold Huber** 4-10-03 727-393-4140

CR2E037 (10/02)