

# 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

DOCUMENT # **748084** (1)

1. Corporation Name

**BORDEAUX VILLAGE ASSOCIATION, NO. 1, INC.**



Principal Place of Business

**2450 HERON TERRACE #101  
CLEARWATER FL 34622-5518  
US**

Mailing Address

**2450 HERON TERRACE #101  
CLEARWATER FL 34622-5518  
US**

3. Date Incorporated or Qualified  
**07/16/1979**

3a. Date of Last Report  
**04/11/1995**

2. Principal Place of Business

2a. Mailing Address

21 **3001 Executive Dr.**

26 **3001 Executive Dr.**

4. FEI Number

**59-2118169**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

22 **Suite 260**

Suite, Apt. #, etc.

27 **Suite 260**

City & State

23 **Clearwater, FL 34622**

City & State

28 **Clearwater, FL**

Zip

24 **34622** 25 **U.S.A.**

Zip

29 **34622** 30 **U.S.A.**

9. Name and Address of Current Registered Agent

**BEST, GREGORY D  
2497 HERON TERR #105  
CLEARWATER FL 34622**

10. Name and Address of New Registered Agent

81 Name **RAND E. McNeal**  
82 Street **Condominium Associates**  
83 **3001 Executive Drive, Suite 260**  
84 City **Clearwater** FL 85 Zip Code **34622**

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

**RAND E. McNeal**

(NOTE: Registered Agent signature required when reinstating)

DATE **4/10/96**

12. OFFICERS AND DIRECTORS

TITLE **DVP** ☐ DELETE  
NAME **LARSON, SHIRLEY**  
STREET ADDRESS **2497 HERON TERR #204**  
CITY-ST-ZIP **CLEARWATER FL**

TITLE **D** ☒ DELETE  
NAME **UONG, BINH D.**  
STREET ADDRESS **2460 HERON TERR #201**  
CITY-ST-ZIP **CLEARWATER FL**

TITLE **SD** ☐ DELETE  
NAME **THOMPSON, HERB**  
STREET ADDRESS **2490 HERON TERR. #103**  
CITY-ST-ZIP **CLEARWATER FL**

TITLE **PD** ☐ DELETE  
NAME **BEST, GREG**  
STREET ADDRESS **2497 HERON TERR #105**  
CITY-ST-ZIP **CLEARWATER FL**

TITLE **T** ☒ DELETE  
NAME **CARLSON, CLARENCE E**  
STREET ADDRESS **2450 HERON TERR #101**  
CITY-ST-ZIP **CLEARWATER FL**

TITLE **D** ☒ DELETE  
NAME **NEWELL, JR. R**  
STREET ADDRESS **2460 HERON TERRACE #104**  
CITY-ST-ZIP **CLEARWATER FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP **34622**

2.1 TITLE **V/D** ☐ Change ☒ Addition  
2.2 NAME **Cunningham, John**  
2.3 STREET ADDRESS **2460 Heron Terr. #102**  
2.4 CITY-ST-ZIP **Clearwater, FL 34622**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE **T** ☐ Change ☒ Addition  
5.2 NAME **Larson, Erland**  
5.3 STREET ADDRESS **2497 Heron Terr. # 204**  
5.4 CITY-ST-ZIP **Clearwater, FL 34622**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

**Doug Best**

**4-19-96**

**813-573-9300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)