

FILE NOW: FILING FEE IS \$61.25

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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **748084** (1)

1. Corporation Name

BORDEAUX VILLAGE ASSOCIATION, NO. 1, INC.



Principal Place of Business	Mailing Address
3001 EXECUTIVE DRIVE SUITE 260 CLEARWATER FL 34622 US	3001 EXECUTIVE DR SUITE 260 CLEARWATER FL 34622-3389 US

3. Date Incorporated or Qualified	07/16/1979
4. FEI Number	59-2118169
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Condominium Associates	26 Condominium Associates
22 Suite, Apt. #, etc. 3001 EXECUTIVE DR #260	27 Suite, Apt. #, etc. 3001 EXECUTIVE DR #260
23 City & State CLEARWATER, FL	28 City & State CLEARWATER, FL
24 Zip 33762	29 Zip 33762
25 Country US	30 Country US

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 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

9. Name and Address of Current Registered Agent
RAND E. MCNEAL CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR SUITE 260 CLEARWATER FL 34622

10. Name and Address of New Registered Agent
81 Name Condominium Associates
82 Street Address (P.O. Box Number is Not Acceptable) 3001 EXECUTIVE DR
83 SUITE 260
84 City CLEARWATER FL 85 Zip Code 33762

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 Condominium Associates, Gayle Caldwell, VICE PRES DATE 4-7-98

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D CARLSON, BRUCE
STREET ADDRESS	2450 HERON TERR #101
CITY-ST-ZIP	CLEARWATER FL 34632
TITLE	<input type="checkbox"/> DELETE
NAME	D APELGATE, BELVA JO
STREET ADDRESS	2400 HERON TERR #104
CITY-ST-ZIP	CLEARWATER FL 34622
TITLE	<input type="checkbox"/> DELETE
NAME	SD THOMPSON, HERB
STREET ADDRESS	2490 HERON TERR. #103
CITY-ST-ZIP	CLEARWATER FL
TITLE	<input type="checkbox"/> DELETE
NAME	PD BEST, GREG
STREET ADDRESS	2497 HERON TER #105
CITY-ST-ZIP	CLEARWATER FL
TITLE	<input type="checkbox"/> DELETE
NAME	T LARSON, ERLAND
STREET ADDRESS	2497 HERON TERR. #204
CITY-ST-ZIP	CLEARWATER FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VP
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	P
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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: SIGNATURE OF REGISTERED AGENT DATE 4-10-98

CR2E037 (10/97)