

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90020 026 \*\*\*\*61.25

**DOCUMENT # 748084**

1. Entity Name

BORDEAUX VILLAGE ASSOCIATION, NO. 1, INC.



Principal Place of Business

CONDOMINIUM ASSOCIATES  
3001 EXECUTIVE DR #260  
CLEARWATER FL 33762  
US

Mailing Address

CONDOMINIUM ASSOCIATES  
3001 EXECUTIVE DR #260  
CLEARWATER FL 33762  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-2118169

Applied For

Not Applicable

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

CONDOMINIUM ASSOCIATES  
3001 EXECUTIVE DR #260  
CLEARWATER FL 33762

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**  
**Due By May 1, 2004**

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

TITLE ☐ Delete  
NAME HARRY, DEBRA  
STREET ADDRESS 2490 HERON TER., #101  
CITY-ST-ZIP CLEARWATER FL 33762

TITLE ☒ Delete  
NAME MOCHRIE, JOYCE  
STREET ADDRESS 2465 HERON TER. #201  
CITY-ST-ZIP CLEARWATER FL 33762

TITLE ☐ Delete  
NAME THOMPSON, HERB  
STREET ADDRESS 2490 HERON TERR F103  
CITY-ST-ZIP CLEARWATER FL 33762

TITLE ☒ Delete  
NAME KASTNER, ANNE  
STREET ADDRESS 2450 HERON TER., #104  
CITY-ST-ZIP S. PETERSBURG FL 33762

TITLE ☒ Delete  
NAME WHITE, AARON  
STREET ADDRESS 2465 HERON TER. #102  
CITY-ST-ZIP S. PETERSBURG FL 33762

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME S  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME VPD  
STREET ADDRESS WILLIAMS, KALL  
CITY-ST-ZIP 2490 HERON TER #100  
CLEARWATER FL 33762

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME T  
STREET ADDRESS EVANS, BEVERLY  
CITY-ST-ZIP 2460 HERON TER #203  
CLEARWATER FL 33762

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS BLESSIE, GAIL  
CITY-ST-ZIP 2490 HERON TER #101  
CLEARWATER FL 33762

TITLE ☐ Change ☐ 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: *Herb Thompson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/04

Date

573-9463

Daytime Phone #