FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 2:00

DOCUMENT # 752641 (1)

1. Corporation Name

BORDEAUX VILLAGE ASSOCIATION, NO. 2, INC.

Principal Place of Business
NICHOLAS MUELHAUPT
2462 KINGFISHER LANE L 103 GULL COURT
CLEARWATER FL 34622

Mailing Address
NICHOLAS MUELHAUPT
2462 KINGFISHER LANE #101 GULL CT
CLEARWATER FL 34622

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/27/1980
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-2118157 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CARLSON, CLARENCE E.
2450 HERON TERR #101
CLEARWATER FL 34622

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Nicholas Muelhaupt 04-03-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE		☐ Change ☐ Addition
NAME	~~WENTWORTH, LOIS~~	1.2 NAME		
STREET ADDRESS	~~2452 KINGFISHER LANE~~	1.3 STREET ADDRESS		
CITY-ST-ZIP	~~CLEARWATER FL 34622~~	1.4 CITY-ST-ZIP		
TITLE	~~PD~~	2.1 TITLE	D P	☒ Change ☐ Addition
NAME	~~HOWSE, JOHN~~	2.2 NAME	NICHOLAS MUELHAUPT	
STREET ADDRESS	~~13600 EGRET BLVD., #107~~	2.3 STREET ADDRESS	#101 GULL CT L-103	
CITY-ST-ZIP	~~CLEARWATER FL 34622~~	2.4 CITY-ST-ZIP	CLEARWATER, FL 34622	
TITLE	D	3.1 TITLE	D, S	☒ Change ☐ Addition
NAME	THOMPSON, RICHARD	3.2 NAME		
STREET ADDRESS	2462 KINGFISHER LANE #101	3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34622	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	~~SKIRCHAR, JOHN J~~	4.2 NAME		
STREET ADDRESS	~~2401 GULL COURT #104~~	4.3 STREET ADDRESS		
CITY-ST-ZIP	~~CLEARWATER FL 34622~~	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE		☐ Change ☐ Addition
NAME	GORDON, BRENDA H	5.2 NAME		
STREET ADDRESS	2401 GULL COURT #203	5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34622-5522	5.4 CITY-ST-ZIP		
TITLE	T	6.1 TITLE		☐ Change ☐ Addition
NAME	CARLSON, CLARENCE E	6.2 NAME		
STREET ADDRESS	2450 HERON TERRACE #101	6.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34622	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)(i), 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: Nicholas Muelhaupt 04-03-95 (813) 572-9236
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #