

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

400001765564
-04/02/96--01007--038
***61.25

DOCUMENT # 752641 (1)

1. Corporation Name

BORDEAUX VILLAGE ASSOCIATION, NO. 2, INC.

Principal Place of Business

Mailing Address

2103 GULL COURT
CLEARWATER FL 34622
US

2103 GULL COURT
CLEARWATER FL 34622
US



3. Date Incorporated or Qualified 05/27/1980
3a. Date of Last Report 04/10/1995

2. Principal Place of Business

2a. Mailing Address

21 2401 Gull Ct - L203

26 2401 Gull Ct

4. FEI Number 59-2118157

Applied For Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 L203
28 Clearwater, FL

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country

29 34622 30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name Leonard A. Leighton
82 Street Address (P.O. Box Number is Not Acceptable) 1700 McMillen Booth Rd. #C-3
83
84 City Clearwater FL 85 Zip Code 34619

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/5/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MCELHART, NICHOLAS	
STREET ADDRESS	2401 GULL CT L-103	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> DELETE
NAME	THOMPSON, RICHARD	
STREET ADDRESS	2462 KINGFISHER LANE #101	
CITY-ST-ZIP	CLEARWATER FL 34622	
TITLE	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> DELETE
NAME	GORDON, BRENDA H	
STREET ADDRESS	2401 GULL COURT #203	
CITY-ST-ZIP	CLEARWATER FL 34622-5522	
TITLE	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> DELETE
NAME	CARLSON, CLARENCE E	
STREET ADDRESS	2450 HERON TERRACE #101	
CITY-ST-ZIP	CLEARWATER FL 34622	
TITLE	President	<input type="checkbox"/> DELETE
NAME	John House	
STREET ADDRESS	13600 Egret Boulevard K-107	
CITY-ST-ZIP	Clearwater, FL 34622	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Lois Wentworth	
STREET ADDRESS	2453 Kingfisher Lane G-201	
CITY-ST-ZIP	Clearwater, FL 34622	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP Thompson, Richard
2.3 STREET ADDRESS	2462 Kingfisher Lane #101
2.4 CITY-ST-ZIP	Clearwater FL 34622
3.1 TITLE	Secretary/Treasurer (S/T) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Brenda H. Gordon
3.3 STREET ADDRESS	2401 GULL COURT L203
3.4 CITY-ST-ZIP	Clearwater, FL 34622
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PO John House
5.3 STREET ADDRESS	13600 Egret Blvd K-107
5.4 CITY-ST-ZIP	Clearwater, FL 34622
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Lois Wentworth
6.3 STREET ADDRESS	2453 Kingfisher Lane G-201
6.4 CITY-ST-ZIP	Clearwater FL 34622

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:

Brenda Gordon

Brenda Gordon

3-14-96

(813)592-0083

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)