

FILE NOW: FILING FEE IS \$61.25

FILED

May 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 752641 (1)

1. Corporation Name

BORDEAUX VILLAGE ASSOCIATION, NO. 2, INC.



Principal Place of Business

Mailing Address

2401 GULL COURT  
#L203  
CLEARWATER FL 34622

2401 GULL COURT  
#L203  
CLEARWATER FL 34622-2276

3. Date Incorporated or Qualified  
05/27/1980

3a. Date of Last Report  
04/01/1996

2. Principal Place of Business

2a. Mailing Address

21 3001 EXECUTIVE DR

26 3001 EXECUTIVE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 260

27 SUITE 260

City & State

City & State

23 CLEARWATER FL

28 CLEARWATER FL

Zip

Country

Zip

Country

24 34622

25 PINELLAS

29 34622

30 PINELLAS

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

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

LEIGHTON, LENNARD A  
1700 MCMULLEN BOOTH RD  
#C-3  
CLEARWATER FL 34619

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 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 *Condominium Associates*  
*By: Craig S. Caldwell, Vice President* *CECIL O. CANNON, VICE PRES* 4-17-97  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WENTWORTH, LOIS	
STREET ADDRESS	2453 KINGFISHER LN G-201	
CITY - ST - ZIP	CLEARWATER FL 34622	
TITLE	V	<input type="checkbox"/> DELETE
NAME	THOMPSON, RICHARD	
STREET ADDRESS	2462 KINGFISHER LANE #101	
CITY - ST - ZIP	CLEARWATER FL 34622	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	GORDON, BRENDA H	
STREET ADDRESS	2401 GULL COURT #L203	
CITY - ST - ZIP	CLEARWATER FL 34622-5522	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOWSE, JOHN	
STREET ADDRESS	13800 EGRET BLVD K-107	
CITY - ST - ZIP	CLEARWATER FL 34622	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	VPI/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DEBBIE CASTILLO	
1.3 STREET ADDRESS	2401 GULL CT. #202	
1.4 CITY - ST - ZIP	CLEARWATER, FL 34622	
2.1 TITLE	T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ERIC PANICO	
3.3 STREET ADDRESS	2453 KINGFISHER LANE #202	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MARJORIE CORMACK	
5.3 STREET ADDRESS	2462 KINGFISHER LANE #104	
5.4 CITY - ST - ZIP	CLEARWATER, FL 34622	
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 do 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 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: *John Howse* *PDW* 5/23/97 573 1360

CR2E037 (9/96)