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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 752641 (1)
1. Corporation Name
BORDEAUX VILLAGE ASSOCIATION, NO. 2, INC.



Principal Place of Business: 3001 EXECUTIVE DR, STE. 200, CLEARWATER FL 34622, US
Mailing Address: 3001 EXECUTIVE DR, STE. 200, CLEARWATER FL 34622, US

3. Date Incorporated or Qualified: 05/27/1980
4. FEI Number: 59-2118157
Applied For: Not Applicable

2. Principal Place of Business: Condominium Associates, 3001 EXECUTIVE DR. #260, CLEARWATER, FL, 33762, US
2a. Mailing Address: Condominium Associates, 3001 EXECUTIVE DR. #260, CLEARWATER, FL, 33762, US

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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: CONDOMINIUM ASSOCIATES, 3001 EXECUTIVE DR, STE. 200, CLEARWATER FL 34622

10. Name and Address of New Registered Agent: 81 Name: Condominium Associates, 82 Street Address: 3001 EXECUTIVE DRIVE, 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 By Craig Caldwell, 2-16-98
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: VPD NAME: CASTILLO, DEBBIE STREET ADDRESS: 2401 GULL CT, #202 CITY-ST-ZIP: CLEARWATER FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD 1.2 NAME: CASTILLO, DEBBIE 1.3 STREET ADDRESS: 2401 GULL CT, #202 1.4 CITY-ST-ZIP: CLEARWATER, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TS NAME: THOMPSON, RICHARD STREET ADDRESS: 2462 KINGFISHER LANE #101 CITY-ST-ZIP: CLEARWATER FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: VPD 2.2 NAME: CORMACK, MARJORIE 2.3 STREET ADDRESS: 2462 KINGFISHER LANE #104 2.4 CITY-ST-ZIP: CLEARWATER, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: PANICO, ERIC STREET ADDRESS: 2453 KINGFISHER LANE, #202 CITY-ST-ZIP: CLEARWATER FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: SD 3.2 NAME: DEBANIERO, LORI 3.3 STREET ADDRESS: 2462 KINGFISHER LANE #204 3.4 CITY-ST-ZIP: CLEARWATER, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD NAME: HOWSE, JOHN STREET ADDRESS: 13600 EGRET BLVD K-107 CITY-ST-ZIP: CLEARWATER FL 34622	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: D 4.2 NAME: ALEXANDER, SCOTT 4.3 STREET ADDRESS: 13600 EGRET BLVD. #1103 4.4 CITY-ST-ZIP: CLEARWATER, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: CORMACK, MARJORIE STREET ADDRESS: 2462 KINGFISHER LANE, #104 CITY-ST-ZIP: CLEARWATER FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: D 5.2 NAME: MILLER, HELEN 5.3 STREET ADDRESS: 2467 KINGFISHER LANE #101 5.4 CITY-ST-ZIP: CLEARWATER, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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] 3-4-98

CR2E037 (10/97)