

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # 752641 1. Corporation Name

BORDEAUX VILLAGE ASSOCIATION, NO. 2, INC.

Fillicipal Flace of Business
CONDOMINIMUM ASSOCIATES 3001 EXECUTIVE DR. #260 CLEARWATER FL 33762
HS

Dringing Diago of Business

Mailing Address

CONDOMINIMUM ASSOCIATES

FILED Mar 09, 1999 8:00 am § Secretary of State

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	WATER FL 33762 SUF EXECUTIVE DR. #200 US SUF EXECUTIVE DR. #200 SUF EXECUTIVE DR. #200 SUF EXECUTIVE DR. #200 US							
2. Principal Pl	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed			
21		26			05/27/1980			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	Ap	plied For	
22		27			59-2118157	No	t Applicable	
City & State		City & State			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00	May Be	
24	25	29 30	ה ה		Trust Fund Contribution	Added t	,	
	9. Name and Address of Current		<u> </u>		10. Name and Address of New Registered	Agent		
			81	Name				
CONDOM	NIUM ASSOCIATES		82	Street	Address (P.O. Box Number is Not Acceptable)			
			02	Suberi	Address (F.O. Box Manhor is Not Acceptable)		Į	
3001 EXEC	JULIVE UK		83					
STE. 260	TED Ct 22762					OE 7:- 4	Code	
ULEARWA	TER FL 33762		84	City	FL	85 Zip (Code	
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida. Such change was authons of, Section 617.0503, Florida	orized by a Statutes	the corpo	corporation submits this statement for the purpose o oration's board of directors. I hereby accept the appo	intment as re	gistered	
	Signature, typed or printed name of registered agent			nt signature n	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS A	ND DIPECTO	IDS IN 12	
12.	OFFICERS AND	D DIRECTORS DELETE	13.			☐ Change	Addition	
TITLE	PD	L'I DECE LE	1.1 TITLE		TD Sulfing a stand		2	
NAME	CASTILLO, DEBBIE		1.2 NAME		Sullivan, TOM	1 /2		
STREET ADDRESS	2401 GULL CT, #202		1.3 STREE	FADDRESS	2462 KINGFISHER LONE, *	Ca		
CITY-ST-ZIP	CLEARWATER FL	□ DELETE	1.4 CITY-S	T- ZIP	clearwater, FC:	☐ Change	☐ Addition	
TMLE	VPD		2.1 TITLE	ļ	·	CJ ondingo		
NAME	CORMACK, MARJORIE		2.2 NAME					
STREET ADDRESS	2402 KINGFISHER LANE, #104			T ADDRESS			{	
CITY-ST-ZIP	CLEARWATER FL	☐ DELETE	2. 4 CITY-5	T-ZIP		Change	☐ Addition	
TITLE	SD	☐ OETE1E	3.1 TITLE					
NAME	DOGANIERO, LORI		3.2 NAME				ļ	
STREET ADDRESS	2462 KINGFISHER LANE, #204			TADDRESS				
CITY-ST-ZIP	CLEARWATER FL	₩ DELETE	3.4. CITY-5 4.1 TITLE	ST-ZIP		☐ Change	☐ Addition	
TITLE	D	Derese.				_ >		
NAME	ALEXANDER, SCOTT		4. 2 NAME	TADDRESS :				
STREET ADDRESS	13600 EGRET BLVD., #103							
CITY-ST-ZIP	CLEARWATER FL 34622	™ DELETE	4.4 CITY-S 5.1 TITLE		D	☐ Change	Addition	
TITLE	D AND CO CICIEN	personal surface to the	5.2 NAME		THOMAS, SHEILA	J-		
NAME STREET ADDRESS	MILLER, HELEN			T ADDRESS	12100 EGRET BLVD # 203			
STREET ADDRESS	2101 Till tol 1011E11 E B1C, # 101		5.4 CITY-S	T-ZIP	THOMAS, SHEILA 13600 EGRET BLVD, # 203 CLEARWATER FL			
CITY-ST-ZIP TITLE	CLEARWATER FL	☐ DELETE	6.1 TITLE		CONTINUE I	☐ Change	Addition	
			6.2 NAME				i	
NAME				T ADDRESS				
STREET ADDRESS			64 CITY-S					

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, with all other like empowered.

SIGNATURE: