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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 752641					
1. Corporation Name BORDEAUX VILLAGE ASSOCIATION, NO. 2, INC.					
Principal Place of Business CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR., #260 CLEARWATER FL 33762 US			Mailing Address CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR., #206 CLEARWATER FL 33762 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 05/27/1980 4. FEI Number 59-2118157 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR STE. 260 CLEARWATER FL 33762			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 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE PD NAME CASTILLO, DEBBIE STREET ADDRESS 2401 GULL CT, #202 CITY-ST-ZIP CLEARWATER FL			1.1 TITLE TD 1.2 NAME SULLIVAN, TOM 1.3 STREET ADDRESS 2402 KINGFISHER LANE, #102 1.4 CITY-ST-ZIP CLEARWATER, FL		
TITLE VPD NAME CORMACK, MARJORIE STREET ADDRESS 2402 KINGFISHER LANE, #104 CITY-ST-ZIP CLEARWATER FL			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE SD NAME DOGANIERO, LORI STREET ADDRESS 2462 KINGFISHER LANE, #204 CITY-ST-ZIP CLEARWATER FL			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE D NAME ALEXANDER, SCOTT STREET ADDRESS 13600 EGRET BLVD., #103 CITY-ST-ZIP CLEARWATER FL 34622			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE D NAME MILLER, HELEN STREET ADDRESS 2467 KINGFISHER LANE, #101 CITY-ST-ZIP CLEARWATER FL			5.1 TITLE D 5.2 NAME THOMAS, SHEILA 5.3 STREET ADDRESS 13600 EGRET BLVD, #203 5.4 CITY-ST-ZIP CLEARWATER FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)