

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90104 029 \*\*\*\*61.25

DOCUMENT # **752641**  
 1. Entity Name **Bordeaux Village Condominium Association, Inc**

Principal Place of Business Mailing Address  
**c/o Resource Mgmt**  
**103 Cleveland Ave SW**  
**Largo FL 33770**

2. Principal Place of Business Mailing Address  
**Resource Mgmt** **103 Cleveland Ave SW**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Largo FL** **Largo FL**  
 Zip Country Zip Country  
**33770 USA** **33770 USA**

4. FEI Number **59-2118157** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**Resource Management**  
**103 Cleveland Ave SW**  
**Largo FL 33770**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida  
 SIGNATURE **Louis Belin, agent** DATE **4/18/00**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	Debbie Castillo	
STREET ADDRESS	2173 King Fisher # 101	
CITY-ST-ZIP	Clearwater FL 33762	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	Peggy McCormack	
STREET ADDRESS	2462 King Fisher # 104	
CITY-ST-ZIP	Clearwater FL 33762	
TITLE	TD	<input type="checkbox"/> Delete
NAME	Lori Doganero	
STREET ADDRESS	2462 King Fisher # 204	
CITY-ST-ZIP	Clearwater FL 33762	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Sheila Thomas	
STREET ADDRESS	13600 Egret #203	
CITY-ST-ZIP	Clearwater, FL 33762	
TITLE	D	<input type="checkbox"/> Delete
NAME	Tom Sukran	
STREET ADDRESS	2462 King Fisher # 102	
CITY-ST-ZIP	Clearwater, FL 33762	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Debbie Castillo** Date Daytime Phone #

CR2E034 (9/99)