


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90038 029 ****61.25

DOCUMENT # 752641
 1. Entity Name
BORDEAUX VILLAGE ASSOCIATION, NO. 2, INC.



Principal Place of Business
**KING FISHER LN
 CLEARWATER, FL 33762 US**

Mailing Address
**4175 EAST BAY DR
 STE 205
 CLEARWATER, FL 33764 US**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

01252007 Chg-NP CR2E037 (12/06)

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

**HILDEBRANDT, HAL
 C/O CMC INC
 4175 EAST BAY DR STE 205
 CLEARWATER, FL 33764**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DVP	<input type="checkbox"/> Delete
NAME	WOODS, CHRISTOPHER	
STREET ADDRESS	2467 KINGFISHER LANE H203	
CITY-ST-ZIP	CLEARWATER, FL 33762	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PICKELTT, JUDY	
STREET ADDRESS	2462 KINGFISHER LANE #5105	
CITY-ST-ZIP	CLEARWATER, FL 33762	
TITLE	DS	<input type="checkbox"/> Delete
NAME	NAHMEN, AVA VAN	
STREET ADDRESS	13937 EGRET LANE	
CITY-ST-ZIP	CLEARWATER, FL 33762	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ELLIOTT, DONNY	
STREET ADDRESS	2473 KINGFISHER LANE T203	
CITY-ST-ZIP	CLEARWATER, FL 33762	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Judy Pickeltt April 26, 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #