


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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 3001 Executive Drive Suite, Apt. #, etc. Suite 260	
City & State Clearwater FL		4. FEI Number 59-2118157	
Zip 33762		Country USA	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 Condominium Associates Street Address (P.O. Box Number is Not Acceptable) 3001 Executive Dr. Suite 260 City Clearwater FL Zip Code 33762	
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, the registered agent. SIGNATURE <i>B. G. Caldwell</i> 9-18-07 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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-STATE-ZIP	CLEARWATER, FL 33762		
TITLE	DP	<input type="checkbox"/> Delete	
NAME	PICKETT, JUDY		
STREET ADDRESS	2462 KINGFISHER LANE #5105		
CITY-STATE-ZIP	CLEARWATER, FL 33762		
TITLE	DS	<input type="checkbox"/> Delete	
NAME	NAHMEN, AVA VAN		
STREET ADDRESS	13937 EGRET LANE		
CITY-STATE-ZIP	CLEARWATER, FL 33762		
TITLE	DT	<input type="checkbox"/> Delete	
NAME	ELLIOTT, DONNY		
STREET ADDRESS	2473 KINGFISHER LANE #205		
CITY-STATE-ZIP	CLEARWATER, FL 33762		
TITLE		<input type="checkbox"/> Delete	
NAME	<i>M 10/19</i>		
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Pickett, Judy		
STREET ADDRESS	2462 KINGFISHER LANE, J105		
CITY-STATE-ZIP	CLEARWATER, FL 33762		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS	2473 Kingfisher Lane, I103		
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-STATE-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 information.			
SIGNATURE: <i>Judy Pickett</i>		9/24/2007	
<small>SIGNATURE AND YOUR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

FILED
 07 OCT 10 AM 10:54
 CLERK OF STATE
 TALLAHASSEE, FLORIDA



09182007 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

\$8.75 Additional Fee Required

Amended AR is \$61.25

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

Make check payable to Florida Department of State

M 10/19

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10/18/07--01015--019 **61.25

2473 Kingfisher Lane, I103

SIGNATURE:

SIGNATURE AND YOUR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #