

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90108 021 ****61.25

DOCUMENT # 752641

1. Entity Name

BORDEAUX VILLAGE ASSOCIATION, NO. 2, INC.



Principal Place of Business

% RESOURCE PROPERTY MANAGEMENT
103 CLEVELAND AVENUE SW
LARGO FL 33770
US

Mailing Address

% RESOURCE PROPERTY MANAGEMENT
103 CLEVELAND AVENUE SW
LARGO FL 33770
US

2. Principal Place of Business

7300 Park St
Suite, Apt. #, etc.

3. Mailing Address

7300 Park St
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Seminole FL

City & State

Seminole FL

4. FEI Number **59-2118157**

Applied For

Not Applicable

Zip

33770

Country

USA

Zip

33770

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RESOURCE PROPERTY MANAGEMENT
103 CLEVELAND AVENUE SW
LARGO FL 33770

7. Name and Address of New Registered Agent

Name **Resource Property Management**
Street Address (P.O. Box Number is Not Acceptable)
7300 Park Street
City **Seminole** **FL** Zip Code **33777**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE 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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASTILLO, DEBBIE 2473 KINGFISHER LANE # 101 I CLEARWATER FL 33762	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CORMACK, MARJORIE 2462 KING FISHER LANE # 104 J CLEARWATER FL 33762	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, TOM 2462 KING FISHER LANE # 102 J CLEARWATER FL 33762	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMAS, SHIELA 13600 EGRET LANE # 205 K CLEARWATER FL 33762	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD BOLLINGER, LISA 2453 KING FISHER G 101 CLEARWATER FL 33762	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINI, HELEN 2453 KING FISHER LANE #G102 CLEARWATER FL 33762	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Connie Santiago 13600 Egret Blvd #105 Clearwater FL 33762	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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:

Debbie Castillo President

3-6-03

7274189109

CR2E037 (10/02)