

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 752641

**Entity Name:** BORDEAUX VILLAGE ASSOCIATION, NO. 2, INC.

**Current Principal Place of Business:**

4585 140TH AVE. NORTH  
STE. 1012  
CLEARWATER, FL 33762

**Current Mailing Address:**

4585 140TH AVE. NORTH  
STE. 1012  
CLEARWATER, FL 33762 US

**FEI Number:** 59-2118157

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COMMUNITY MANAGEMENT CONCEPTS  
4585 140TH AVE NORTH  
SUITE 1012  
CLEARWATER, FL 33762 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           TREASURER  
Name           MEZA, DEBBIE  
Address        13703 HERON CIR  
City-State-Zip: CLEARWATER FL 33762

Title           PD  
Name           MALITINO, LONNIE  
Address        14031 EGRET LANE  
City-State-Zip: CLEARWATER FL 33762

Title           VP  
Name           PARK, KATHERINE  
Address        2453 KINGFISHER  
                  G203  
City-State-Zip: CLEARWATER FL 33762

Title           SECRETARY  
Name           AMORE, AMANDA  
Address        13600 EGRET  
                  K101  
City-State-Zip: CLEARWATER FL 33762

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MALITINO , LONNIE

**PRESIDENT**

**04/09/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date