

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 752641

**FILED  
Mar 10, 2016  
Secretary of State  
CC6761050886**

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

**Current Principal Place of Business:**

36434 US HWY 19 N  
PALM HARBOR, FL 34688

**Current Mailing Address:**

36434 US HWY 19 N  
PALM HARBOR , FL 34684 US

**FEI Number:** 59-2118157

**Certificate of Status Desired:** No

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

ASSOCIATION DATA MANAGEMENT  
36434 US HWY 19 N  
PALM HARBOR, FL 34688 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:** LYNN PARRISH

03/10/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HOWATINECK, WILLIAM  
Address        36434 US HWY 19 N  
City-State-Zip: PALM HARBOR FL 34688

Title            DIRECTOR  
Name            FRENCH, KAREN  
Address        36434 US HWY 19 N  
City-State-Zip: PALM HARBOR FL 34688

Title            SECRETARY  
Name            VALLEE, RANDAL  
Address        36434 US HWY 19 N  
City-State-Zip: PALM HARBOR FL 34688

Title            TREASURER  
Name            O'HALLORAN, THOMAS  
Address        36434 US HWY 19 N  
City-State-Zip: PALM HARBOR FL 34688

Title            DIRECTOR  
Name            MAXFIELD(BENSON), AMY  
Address        36434 US HWY 19 N  
City-State-Zip: PALM HARBOR FL 34688

*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:** WILLIAM HOWATINECK

**PRESIDENT**

03/10/2016

Electronic Signature of Signing Officer/Director Detail

Date