

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000002658

**Entity Name:** SAVE BARDMOOR, INC.

**Current Principal Place of Business:**

8425 BARDMOOR PLACE  
SEMINOLE, FL 33777

**Current Mailing Address:**

8425 BARDMOOR PLACE  
SEMINOLE, FL 33777 US

**FEI Number:** 83-3988005

**Certificate of Status Desired:** No

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

KOHN, ELENA ESQ  
8597 BARDMOOR PLACE  
SEMINOLE, FL 33777 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            PRES  
Name            ROSS, ALEX  
Address        8470 BARDMOOR PLACE  
City-State-Zip: SEMINOLE FL 33777

Title            VP  
Name            KOHN, DANIEL  
Address        8597 BARDMOOR PLACE  
City-State-Zip: SEMINOLE FL 33777

Title            SECT  
Name            WILSON, CLINTON  
Address        7624 CUMBERLAND RD  
City-State-Zip: SEMINOLE FL 33777

Title            TREA  
Name            FOLEY, WILLIAM B  
Address        8425 BARDMOOR PLACE  
City-State-Zip: SEMINOLE FL 33777

Title            D  
Name            PITTS, STACEY  
Address        10663 BARDES CT  
City-State-Zip: SEMINOLE FL 33777

*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 FOLEY

**TREASURER**

**04/11/2024**

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

\_\_\_\_\_  
Date