
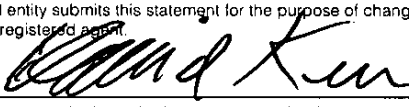
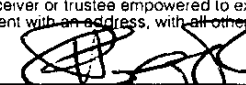


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 SEP 25 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 719793 1. Entity Name CHATEAUX DE BARDMOOR, INC. NO. 4 A CONDOMINIUM			
Principal Place of Business 1910 LAGO VISTA BLVD PALM HARBOR, FL 34685 US		Mailing Address 1910 LAGO VISTA BLVD PALM HARBOR, FL 34685 US	
2. Principal Place of Business - No P.O. Box # 413 CLEVELAND ST Suite, Apt. #, etc.		3. Mailing Address 413 CLEVELAND ST Suite, Apt. #, etc.	
City & State CLEARWATER FL Zip 33755 Country USA		City & State CLEARWATER FL Zip 33755 Country USA	
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GEIGLE, JOHN 1910 LAGO VISTA BLVD PALM HARBOR, FL 34685		7. Name and Address of New Registered Agent Name High Point Real Estate Corp Street Address (P.O. Box Number is Not Acceptable) 413 Cleveland St. City Clearwater FL Zip Code 33755	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE Sept. 20, 2007 <small>(NOTE: Registered Agent signature required when reinstating)</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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME GEIGLE, JOHN STREET ADDRESS 1910 LAGO VISTA BLVD CITY-ST-ZIP PALM HARBOR, FL 34685	<input checked="" type="checkbox"/> Delete	TITLE PRES NAME Peter Cooke STREET ADDRESS 413 Cleveland St. CITY-ST-ZIP Clearwater, FL 33755	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME GEIGLE, KEVIN STREET ADDRESS 2918 MAGNOLIA TR. CITY-ST-ZIP TARPON SPRINGS, FL 34688	<input checked="" type="checkbox"/> Delete	TITLE VICE PRES NAME DAVID L. KERR STREET ADDRESS 413 CLEVELAND ST CITY-ST-ZIP Clearwater, FL 33755	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE Director NAME Ryann Liebl STREET ADDRESS 413 Cleveland St. CITY-ST-ZIP Clearwater, FL 33755	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowered.			
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date Sept. 21, 2007 Daytime Phone # 727-466-6697	

9/27/07