## 2008 NOT-FOR-PROFIT CORPORATION

SIGNATURE:

## Apr 14, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #729821** 04-14-2008 90038 014 \*\*\*\*61.25 BARDMOOR WEST, INC., A CONDOMINIUM Principal Place of Business Mailing Address 40067463 4174 WOODLANDS PKWY. 4174 WOODLANDS PKWY. US PALM HARBOR, FL 34685 US PALM HARBOR, FL 34685 2. Principal Place of Business - No P.O. Box # Mailing Address 147 N. Belcher K N. Beicher 02112008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2803213 Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ USA น ร Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FIRST CHOICE ASSOC. MGMT., INC. 4174 WOODLANDS PKWY PALM HARBOR, FL 34685 60 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. the obligations of registered agent. SIGNATURE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ΤĎ TITLE ☐ Delete TITLE ☐ Change ☐ Addition BISSEY, MAX NAME NAME STREET ADDRESS 7742 CUMBERLAND RD STREET ADDRESS CITY-ST-ZIP LARGO, FL 33777 CiTY-ST-ZIP ΡD TITLE ☐ Delete TITLE ☐ Change ☐ Addition RANCH, PAUL NAME NAME STREET ADDRESS 8800 BARDMOOR BLVD., #14 STREET ADDRESS CITY-ST-ZIP **LARGO, FL 33777** CITY-ST-ZIP TITLE VΡ ☐ Defete TITLE ☐ Change Addition SABATINO, MATTHEW NAME NAME 8800 BARDMOOR BLVD., #2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO, FL 33777 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition BURCH, MARYANN NAME NAME STREET ADDRESS 8800 BARDMOOR BLVD #13 STREET ADDRESS CITY-ST-ZIP LARGO, FL 33777 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition FIGUEROA, MANUEL NAME STREET ADDRESS 9800 BARDMOOR BLVD. #5 STREET ADDRESS CITY-ST-ZIP LARGO, FL 33777 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.