


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # 741694		
1. Entity Name BORDEAUX CHATEAU HOMEOWNERS' ASSOCIATION, INC.		
Principal Place of Business P.O. BOX 17068 CLEARWATER, FL 33762	Mailing Address P.O. BOX 17068 CLEARWATER, FL 33762 US	



04302007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1935882	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAXTER, JAMES A
 2242 HERON CIRCLE
 CLEARWATER, FL 33762

DO NOT WRITE IN THIS SPACE

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: *[Signature]* DATE: *April 30, 2007*

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee Is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LISA, FARRELL 13555 HERON CIRCLE CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LILY, PETER 2288 HERON CIRCLE CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAXTER, JAMES 2242 HERON CIR CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STACY, STROHAUER-SON .13587 HERON CIRCLE CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/23/07-80083-004 61.25

DO NOT WRITE IN THIS SPACE

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: *[Signature]* *CT Peter Lilly* DATE: *Apr 30, 2007* 727-560-9516

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #