

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741694

FILED
Mar 05, 2012
Secretary of State

Entity Name: BORDEAUX CHATEAU HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O CMC, INC 4585 140TH AVE. NORTH
SUITE 1012
CLEARWATER, FL 33762

New Principal Place of Business:

Current Mailing Address:

C/O CMC, INC 4585 140TH AVE. NORTH
SUITE 1012
CLEARWATER, FL 33762

New Mailing Address:

FEI Number: 59-1935882 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT CONCEPTS, INC.
4585 140TH AVE. NORTH SUITE 1012
CLEARWATER, FL 33762 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: SEPULVEDA, PETE
Address: 13727 HERON CR
City-St-Zip: CLEARWATER, FL 33762 US

Title: PD
Name: MEZA, DEBBIE
Address: 13703 HERON CIRCLE
City-St-Zip: CLEARWATER, FL 33762 US

Title: TD
Name: KOVACS, WILL
Address: 2283 HERON CIRCLE
City-St-Zip: CLEARWATER, FL 33762 US

Title: DS
Name: ALLEN, CAROL
Address: 2239 HERON CR
City-St-Zip: CLEARWATER, FL 33762 US

Title: D
Name: WALCHESKI, AUDREY
Address: 2247 KING FISHER
City-St-Zip: CLEARWATER, FL 33762

Title: D
Name: BAXTER, DOTTIE
Address: 2242 HERON CR.
City-St-Zip: CLEARWATER, FL 33762

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: DEBBIE MEZA

PRES

03/05/2012

Electronic Signature of Signing Officer or Director

_____ Date