FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **747706** **(0)**

1. Corporation Name
BARDMOOR NORTH PROPERTY OWNERS' ASSOCIATION, INC

Principal Place of Business	Mailing Address
637 DEVILLE DR E LARGO FL 34641	637 DEVILLE DR E LARGO FL 34641

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/18/1979**
3a. Date of Last Report: **04/29/1994**
4. FEI Number: **59-2876273** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HAMERLINCK, JOHN 8601 MEADOWBROOK DR. LARGO FL 34647	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE X Hamerlinck 4 X 1-27-95
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	HAMERLINCK, JOHN	12 NAME		
STREET ADDRESS	8601 MEADOWBROOK DR.	13 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	WEBB, GLENDELL	22 NAME		
STREET ADDRESS	8765 BARDMOOR BLVD. #203	23 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE	SD	☒ Change ☐ Addition
NAME	~~LUDIN, ERIC~~	32 NAME	MIKE WATERS	
STREET ADDRESS	~~10606 BARDES CT.~~	33 STREET ADDRESS	10442 LONGWOOD DR.	
CITY-ST-ZIP	~~LARGO FL~~	34 CITY-ST-ZIP	LARGO, FL. 34647	
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	SNOKE, BLAIR	42 NAME		
STREET ADDRESS	8663 MAIDSTONE CT	43 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	MARCHETTI, JOANN	52 NAME		
STREET ADDRESS	8640 LONGWOOD DR.	53 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Hamerlinck JOHN HAMERLINCK X 4-27-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0004842