FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 747706 (0)

1. Corporation Name

BARDMOOR NORTH PROPERTY OWNERS' ASSOCIATION, INC

Principal Place of Business	Mailing Address
837 DEVILLE DR E LARGO FL 34641	837 DEVILLE DR E LARGO FL 34641

3. Date Incorporated or Qualified: 06/18/1979

3a. Date of Last Report: 05/01/1995

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

4. FEI Number: 59-2876273 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~HAMERLINCK, JOHN~~
~~8601 MEADOWBROOK DR.~~
~~LARGO FL 34647~~

10. Name and Address of New Registered Agent

81 Name: SNOKE, BLAIR

82 Street Address (P.O. Box Number is Not Acceptable): 8663 MAIDSTONE CT.

83

84 City: LARGO FL 85 Zip Code: 34647

11. Pursuant to the provisions of Section 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] DATE: 4/10/96

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	☐ DELETE	1.1 TITLE	S/D	☒ Change ☐ Addition
NAME	HAMERLINCK, JOHN		1.2 NAME		
STREET ADDRESS	8601 MEADOWBROOK DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		1.4 CITY-ST-ZIP		
TITLE	~~VD~~	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	WEBB, GLENDELL		2.2 NAME		
STREET ADDRESS	8765 BARDMOOR BLVD. #203		2.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		2.4 CITY-ST-ZIP		
TITLE	~~SD~~	☐ DELETE	3.1 TITLE	VP/D	☒ Change ☐ Addition
NAME	WATERS, MIKE		3.2 NAME		
STREET ADDRESS	10442 LONGWOOD DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		3.4 CITY-ST-ZIP		
TITLE	~~TD~~	☐ DELETE	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	SNOKE, BLAIR		4.2 NAME		
STREET ADDRESS	8663 MAIDSTONE CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MARCHETTI, JOANN		5.2 NAME		
STREET ADDRESS	8640 LONGWOOD DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	TD	☐ Change ☒ Addition
NAME			6.2 NAME	BOARDMAN, ERIK	
STREET ADDRESS			6.3 STREET ADDRESS	8001 BARDMOOR PL #206	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	LARGO, FL. 34647	

CR2E037 (12/95)

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)(k), 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: [signature] 4/10/96

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