2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
04-17-2001 90090 026 ****61.25

DOCUMENT # 747706

1. Entity Name

BARDMOOR NORTH PROPERTY OWNERS' ASSOCIATION, INC

Principal Place of Business	Mailing Address
C/O SAILWINDS PROP. MGMT 1583 S BELCHER RD #B CLEARWATER FL 33764	C/O SAILWINDS PROP. MGMT 1583 S BELCHER RD #B CLEARWATER FL 33764

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o James M. Nolan Sr.	c/o James M. Nolan Sr.
Suite, Apt. #, etc. FIRST CHOICE ASSOCIATION	Suite, Apt. #, etc. FIRST CHOICE ASSOCIATION
City & State MANAGEMENT 3440 EAST LAKE ROAD, SUITE 106	City & State MANAGEMENT 3440 EAST LAKE ROAD, SUITE 106
Zip PALM HARBOR, FL 34685	Zip PALM HARBOR, FL 34685

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STANEK, CAROL SAILWINDS PROP. MGMT INC, 1583 S BELCHER RD STE B CLEARWATER FL 33764	Name: James M. Nolan, Sr. Street Address (P.O. Box Number is Not Acceptable): c/o First Choice Assoc. Mgmt. 3440 East Lake Rd., Suite 106 City: Palm Harbor FL 34685 FL Zip Code

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.

SIGNATURE James M. Nolan 4/4/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ Vice President WEBB, GLENDEL 8765 BARDMOOR BLVD #203 LARGO FL 33777	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director William Brady 8392 Meadowbrook Drive Largo, FL 33777	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ Director SNOKE, BLAIR 8663 MAIDSTONE CT LARGO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Donald Dillon 8398 Meadowbrook Drive Largo, FL 33777	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARCHETTI, JOANN 8640 LONGWOOD DR. LARGO FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President John Hamerlink 8601 Meadowbrook Drive Largo, FL 33777	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BOARDMAN, ERIKA 504 CORDOVA GREENS LARGO FL 33777	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Dr. Chester Janecki 8496 Bardmoor Place Largo, FL 33777	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HARRISON, NOBLE 10424 LONGWOOD DR LARGO FL 33777	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Richard Hill 8396 Meadowbrook Drive Largo, FL 33777	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED 4/5/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #