
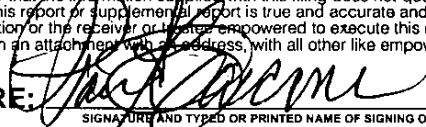


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2008 8:00 am**  
**Secretary of State**

03-11-2008 90016 039 \*\*\*\*61.25

<b>DOCUMENT # 747706</b> 1. Entity Name <b>BARDMOOR NORTH PROPERTY OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>10801 SARKEY RD., #104-52 SEMINOLE, FL 33777</b>			Mailing Address <b>10801 STARKEY RD., #104-52 LARGO, FL 33777</b>		
2. Principal Place of Business - No P.O. Box # <b>1890 WEST BAY DR</b>		3. Mailing Address <b>P.O. Box 10291</b>			
Suite, Apt. #, etc. <b>W-4</b>		Suite, Apt. #, etc.			
City & State <b>LARGO, FL</b>		City & State <b>LARGO, FL</b>		4. FEI Number <b>59-2876273</b>	
Zip <b>33770</b>		Country <b>PINELLAS</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GACCIONE, PAUL 10801 STARKEY RD., #104-52 LARGO, FL 33777</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>8605 PLAYERS CT</b> City <b>LARGO</b> <b>FL</b> Zip Code <b>33777</b>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	<b>V</b> <b>WEBB, GLENDEL</b> <b>8205 BARDMOOR BLVD., #203</b> <b>LARGO, FL 33777</b>	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<b>T</b> <b>MILLIGAN, CHUCK</b> <b>10801 STARKEY RD #104-52</b> <b>LARGO, FL 33777</b>	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<b>D</b> <b>DILLON, DON</b> <b>8398 MEADOWBROOK DRIVE</b> <b>LARGO, FL 33777</b>	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<b>D</b> <b>HILL, RICHARD</b> <b>8396 MEADOWBROOK DRIVE</b> <b>LARGO, FL 33777</b>	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<b>P</b> <b>GACCIONE, PAUL</b> <b>10801 STARKEY RD #104-52</b> <b>LARGO, FL 33777</b>	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<b>S</b> <b>HOOVER, SANDY</b> <b>10801 STARKEY RD #104-52</b> <b>LARGO, FL 33777</b>	<input checked="" type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
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 address, with all other like empowered.					
<b>SIGNATURE:</b>  <b>03/07/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					