

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747706

FILED
Jul 23, 2009
Secretary of State

Entity Name: BARDMOOR NORTH PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1890 WEST BAY DR
W-4
LARGO, FL 33770

New Principal Place of Business:

2331 BELLEAIR RD.
STE B
CLEARWATER, FL 33764

Current Mailing Address:

P.O. BOX 10291
LARGO, FL 33773

New Mailing Address:

FEI Number: 59-2876273 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GACCIONE, PAUL
8605 PLAYERS CT
SEMINOLE, FL 33777 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: V () Delete
Name: WEBB, GLENDEL
Address: 8205 BARDMOOR BLVD., #203
City-St-Zip: LARGO, FL 33777

Title: T () Delete
Name: MILLIGAN, CHUCK
Address: 10801 STARKEY RD #104-52
City-St-Zip: LARGO, FL 33777

Title: D () Delete
Name: DILLON, DON
Address: 8398 MEADOWBROOK DRIVE
City-St-Zip: LARGO, FL 33777

Title: D () Delete
Name: HILL, RICHARD
Address: 8396 MEADOWBROOK DRIVE
City-St-Zip: LARGO, FL 33777

Title: P () Delete
Name: GACCIONE, PAUL
Address: 10801 STARKEY RD #104-52
City-St-Zip: LARGO, FL 33777

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: BRADY, BILL
Address: P.O. BOX 10291
City-St-Zip: LARGO, FL 33773

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: GACCIONE, PAUL
Address: P. O. BOX 10291
City-St-Zip: LARGO, FL 33773

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAUL GACCIONE

P

07/23/2009

Electronic Signature of Signing Officer or Director

Date