

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747706

1. Entity Name

BARDMOOR NORTH PROPERTY OWNERS' ASSOCIATION, INC



FILED
Jun 12, 2003 8:00 am
Secretary of State

06-12-2003 90007 029 *****62.50

0060361

Principal Place of Business
FIRST CHOICE ASSOC MGMT
4174 Woodlands Parkway
PALM HARBOR FL 34685

Mailing Address
FIRST CHOICE ASSOC MGMT
4174 Woodlands Parkway
PALM HARBOR FL 34685

30100076



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

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
NOLAN, JAMES M SR
C/O FIRST CHOICE ASSOC. MGMT
4174 Woodlands Parkway
PALM HARBOR FL 34685

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	V	☐ Delete	TITLE	T	☐ Change ☒ Addition
NAME	WEBB, GLENDEL		NAME	MARSHALL, JOHN	
STREET ADDRESS	8765 BARDMOOR BLVD #203		STREET ADDRESS	8640 Players Court	
CITY-ST-ZIP	LARGO FL 33777		CITY-ST-ZIP	Largo, FL 33777	
TITLE	T	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	SNOKE, BLAIR		NAME		
STREET ADDRESS	8663 MAIDSTONE CT		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33777		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DILLON, DON		NAME		
STREET ADDRESS	8398 MEADOWBROOK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33777		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	CHESTER, JANEKI		NAME		
STREET ADDRESS	8496 BARDMOOR PLACE		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33777		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HILL, RICHARD		NAME		
STREET ADDRESS	8396 MEADOWBROOK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33777		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	BRADY, WILLIAM		NAME		
STREET ADDRESS	8392 MEADOWBROOK DR		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33777		CITY-ST-ZIP		

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: William Brady, President 6-10-03 727-251-3472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)