

**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 # 748084 (1)

1. Corporation Name

BORDEAUX VILLAGE ASSOCIATION, NO. 1, INC.



Principal Place of Business

2450 HERON TERRACE #101  
CLEARWATER FL 34622-5518  
US

Mailing Address

2450 HERON TERRACE #101  
CLEARWATER FL 34622-5518  
US

3. Date Incorporated or Qualified  
07/16/1979

3a. Date of Last Report  
04/11/1995

2. Principal Place of Business

21 3001 Executive Dr.

2a. Mailing Address

26 3001 Executive Dr.

4. FEI Number  
59-2118169

Applied For  
Not Applicable

Suite, Apt. #, etc.

22 Suite 260

Suite, Apt. #, etc.

27 Suite 260

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 Clearwater, FL 34622

City & State

28 Clearwater, FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

24 34622

25 U.S.A

Zip

29 34622

30 U.S.A

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

9. Name and Address of Current Registered Agent

BEST, GREGORY D  
2497 HERON TERR #105  
CLEARWATER FL 34622

10. Name and Address of New Registered Agent

81 Name: RAND E. McNeal  
82 Street: Condominium Associates  
83 3001 Executive Drive, Suite 260  
84 City: Clearwater FL 85 Zip Code: 34622

11. Pursuant to the provisions of Sections 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

RAND E. McNeal

RAND E. McNeal

4/10/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	LARSON, SHIRLEY	
STREET ADDRESS	2497 HERON TERR #204	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	UONG, BINH D.	
STREET ADDRESS	2460 HERON TERR #201	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	THOMPSON, HERB	
STREET ADDRESS	2490 HERON TERR. #103	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BEST, GREG	
STREET ADDRESS	2497 HERON TERR #105	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CARLSON, CLARENCE E	
STREET ADDRESS	2450 HERON TERR #101	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NEWELL, JR. R	
STREET ADDRESS	2460 HERON TERRACE #104	
CITY-ST-ZIP	CLEARWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	34622	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Cunningham, John	
2.3 STREET ADDRESS	2460 Heron Terr. #102	
2.4 CITY-ST-ZIP	Clearwater, FL 34622	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Larson, Erland	
5.3 STREET ADDRESS	2497 Heron Terr. # 204	
5.4 CITY-ST-ZIP	Clearwater, FL 34622	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

Doug Best

4-19-96

813-573-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)