FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 28 1997 8:00am

Secretary of State

1997
DOCUMENT #

748084

(1)

BORDEAUX VILLAGE ASSOCIATION, NO. 1, INC.

DOILDE	MON VIELNAL NOOCHMIN					Militari internation		**************************************		·
Principal Place	of Business	Mailing Address						A 11 11 11 11 11 11 11 11 11 11 11 11 11		
3001 EXECUTIV	'E DRIVE	3001 EXECUTIVE DR SUITE 280				- 1				
Suite 280 Clearwater I	FI 34822	CLEARWATER FL 34822-3	389				·			-
US		US				3. Date incorporated or Qualified	3a. Date	of Last Rep 4/25/199	port Ve	1
					·····	07/16/1979				┨
	ace of Business	2a. Mailing Address				4. FEI Number 59-2118169	Applied For Not Applicable			
21	# ota	26 Cuite Act # etc				39 21 10 100				4
Suite, Apt. 4	w, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Ad		
City & State		City & State				6 Floring Consoler Florence				4
23	•	28				Election Campaign Financing Trust Fund Contribution	П	\$5.00 A Added to		
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for	intencible te		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1
24	25 29 30			Florida Statutes Yes No					184.002,	
	9. Name and Address of Curren		1001			10. Name and Address of New Re				1
				81	Name					1
DANDE	. MCNEAL , PEGGI DOUT		ı	-	Chank Ada	CO South back the Accorda	Jal .			┧
	MINIUM ASSOCIATES		62 Stre			dress (P.O. Box Number is Not Acceptate	Ne)			
	ECUTIVE DR SUITE 260	i		83						1
	VATER FL 34622			_				1	- 1.	-
OLLAIN	INICH I C OTOCC			84	City	•	FL	85 Zip Ci	008	
11. Pursuant t	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statut	es, the el	ove	-named cor	poration submits this statement for the p		nanging its	registered	1
office or re	egistered agent, or both, in the State on familiar with, and accept the obliga	of Florida. Such change was a stions of Section 617 0503. Fix	authorize: orida Stat	d by utes	the corpora	poration submits this statement for the pation's board of directors. I hereby accept	at the appoir	itment as re	egistered	-
	minute tring and advopt and obliga	1,010 01, 00011011 011 10000, 11			,					
SIGNATURE _	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registere	Ager	nt signature requ	ulred when reinstating)	DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC]8
TITLE	D	DELETE	1.1 10	TLE	<u>r</u>			Change	Addition .	Į
NAME	Larson, Shirley		1.2 N	ME	(8	RUCE CARLSON 1450 H ZEON TELL	# 141			18
STREET ADDRESS	2497 HERON TERR #204		1.3 \$1	REET	address 🛷	1450 HERON IEEE				Į
CITY-ST-ZIP	CLEARWATER FL		1.4 C	TY-ST	ZIP (CLEARWATER, FL				٦ğ
TIFLE	VD	DELETE .	2.1 1	TLE	0	100.00		Change	Addition	C
NAME	Cunningham, John		2.2 N	ME	8	SELVA SO APELGATION TERE	TE.			
STREET ADDRESS	2480 HERON TERR 102		2.3 \$1	REET	address 🖾	1460 HERON TERE	104			l
CITY-ST-ZIP	CLEARWATER FL		2.40	ΠY - \$	T-ZIP 1	CLEARWATER, FC :	34622		·	_
TITLE	SD	DELETE	3.1 11	TLE		•	L	Change	Addition	ı
NAME	THOMPSON, HERB		3.2 N	WE	ŀ					
STREET ADDRESS	2490 HERON TERR. #103		3.3 5	REET	ADDRESS					1
City-St-ZIP	CLEARWATER FL		3.4, 0	ITY-S	T- ZIP					_
TITLE	PD	DELETE	4.1 1			• '	L.	Change	Addition	
NAME	Best, Greg		4. 2 N	AME	Ì		•			1
STREET ADDRESS	2497 HERON TER #105		4,3 \$1	REET	ADDRESS					1
CITY-ST-ZIP	CLEARWATER FL		4.4 C	TY-51	1-21P	-				
TITLE	T	DELETE	5.1 Ti	TLE] Change	Addition	1
NAME	LARSON, ERLAND		5.2 N	AME				46 11	/am//-	
STREET ADDRESS	2497 HERON TERR. #204		5.3 \$	REET	ADDRESS		•	7146	IX P	12
CITY-ST-ZIP	CLEARWATER FL		5.4 C	TY-SI	T- 21P				7/	
TITLE		DELETE	6.1 7	TLE		30000215 -04/29/97010	:82B	Ta eange	Addition	1
NAME			6.2 N	WE		-04/29/97010	54051	i —		
STREET ADDRESS			6.3 S	REET.	ADDRESS	***61.25				ì
CITY-ST-ZIP				TY-51						⅃
	ov certify that the information supplier	t with this filing does not qual				ed in Section 119.07(3)(i). Florida Statute	s. I further c	ertify that I	he	7

4. I do 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 annual report or supplied in an unal 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 of 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 33 if or most of the man attachment with an address.

4-21-47

813-523-9300