

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748084 (1)

1. Corporation Name
BORDEAUX VILLAGE ASSOCIATION, NO. 1, INC.



Principal Place of Business 3001 EXECUTIVE DRIVE SUITE 260 CLEARWATER FL 34622 US	Mailing Address 3001 EXECUTIVE DR SUITE 260 CLEARWATER FL 34622-3369 US
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3. Date Incorporated or Qualified
07/16/1979

4. FEI Number
59-2118169

Applied For
Not Applicable

2. Principal Place of Business 21 Condominium Associates Suite, Apt. #, etc. 22 3001 EXECUTIVE DR #260 City & State 23 CLEARWATER, FL Zip 24 33762 Country 25 US	2a. Mailing Address 26 Condominium Associates Suite, Apt. #, etc. 27 3001 EXECUTIVE DR #260 City & State 28 CLEARWATER, FL Zip 29 33762 Country 30 US
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**RAND E. MCNEAL
CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR SUITE 260
CLEARWATER FL 34622**

10. Name and Address of New Registered Agent

81 Name **Condominium Associates**
82 Street Address (P.O. Box Number is Not Acceptable)
3001 EXECUTIVE DR
83 **SUITE 260**
84 City **CLEARWATER** FL 85 Zip Code **33762**

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 *[Signature]* **Condominium Associates, Greg Caldwell, VICE PRES 4-7-98**
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	D	<input type="checkbox"/> DELETE
NAME	CARLSON, BRUCE	
STREET ADDRESS	2450 HERON TERR #101	
CITY-ST-ZIP	CLEARWATER FL 34632	
TITLE	D	<input type="checkbox"/> DELETE
NAME	APELGATE, BELVA JO	
STREET ADDRESS	2400 HERON TERR #104	
CITY-ST-ZIP	CLEARWATER FL 34622	
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 TER #105	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LARSON, ERLAND	
STREET ADDRESS	2497 HERON TERR. #204	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VP
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	P
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *[Signature]* **4-10-98**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (10/97)