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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 748084

1. Corporation Name

BORDEAUX VILLAGE ASSOCIATION, NO. 1, INC.

Principal Place of Business

CONDOMINIUM ASSOCIATES
 3001 EXECUTIVE DR #260
 CLEARWATER FL 33762
 US

Mailing Address

CONDOMINIUM ASSOCIATES
 3001 EXECUTIVE DR #260
 CLEARWATER FL 33762
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

07/16/1979

4. FEI Number

59-2118169

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CONDOMINIUM ASSOCIATES
 3001 EXECUTIVE DR #260
 CLEARWATER FL 33762

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, 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 DELETE
 NAME CARLSON, BRUCE
 STREET ADDRESS 2450 HERON TERR #101
 CITY-ST-ZIP CLEARWATER FL 34632

TITLE D DELETE
 NAME APELGATE, BELVA JO
 STREET ADDRESS 2460 HERON TERR #104
 CITY-ST-ZIP CLEARWATER FL 34622

TITLE SD DELETE
 NAME THOMPSON, HERB
 STREET ADDRESS 2490 HERON TERR. #103
 CITY-ST-ZIP CLEARWATER FL

TITLE VP DELETE
 NAME BEST, GREG
 STREET ADDRESS 2497 HERON TER #105
 CITY-ST-ZIP CLEARWATER FL

TITLE P DELETE
 NAME LARSON, ERLAND
 STREET ADDRESS 2497 HERON TERR. #204
 CITY-ST-ZIP CLEARWATER FL

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TD Change Addition
 1.2 NAME CARLSON, BRUCE
 1.3 STREET ADDRESS 2450 Heron Terr. #101
 1.4 CITY-ST-ZIP Clearwater, FL. 33762

2.1 TITLE SD Change Addition
 2.2 NAME APELGATE, BELVA JO
 2.3 STREET ADDRESS 2460 Heron Terrace #104
 2.4 CITY-ST-ZIP Clearwater, FL. 33762

3.1 TITLE VP Change Addition
 3.2 NAME THOMPSON, HERB
 3.3 STREET ADDRESS 2490 Heron Terrace, #103
 3.4 CITY-ST-ZIP Clearwater, FL. 33762

4.1 TITLE PD Change Addition
 4.2 NAME BEST, GREG
 4.3 STREET ADDRESS 2497 Heron Terr. #105
 4.4 CITY-ST-ZIP Clearwater, FL. 33762

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change 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)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Greg Best

2-24-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)