

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748084

1. Entity Name

BORDEAUX VILLAGE ASSOCIATION, NO. 1, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90187 010 ****61.25

Principal Place of Business Mailing Address

CONDOMINIUM ASSOCIATES CONDOMINIUM ASSOCIATES
 3001 EXECUTIVE DR #260 3001 EXECUTIVE DR #260
 CLEARWATER FL 33762 CLEARWATER FL 33762-3389
 US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

59-2118169 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CONDOMINIUM ASSOCIATES
 3001 EXECUTIVE DR #260
 CLEARWATER FL 33762

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.

SIGNATURE _____ (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 Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	CARLSON, BRUCE	
STREET ADDRESS	2450 HERON TERR #101	
CITY-ST-ZIP	CLEARWATER FL 34632	
TITLE	SD	<input type="checkbox"/> Delete
NAME	APELGATE, BELVA JO	
STREET ADDRESS	2460 HERON TERR #104	
CITY-ST-ZIP	CLEARWATER FL 34622	
TITLE	VD	<input type="checkbox"/> Delete
NAME	THOMPSON, HERB	
STREET ADDRESS	2490 HERON TERR. #103	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BEST, GREG	
STREET ADDRESS	2497 HERON TER #105	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LATTA, NANCY	
STREET ADDRESS	2490 HERON TERR. #102	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RILEY, ELAINE	
STREET ADDRESS	2450 HERON TERR. # 104	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Bruce Carlson **BRUCE CARLSON** 2-2-2000 (727) 299-0137

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

CR2E037 (9/99)