

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90007 002 ****61.25

DOCUMENT # 748084

1. Entity 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**

INITIAL
40021499



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01312006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2118169

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR #260
CLEARWATER, FL 33762**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP
NAME BLACKBURN, NANCY ☐ Delete
STREET ADDRESS 2490 HERON TERRACE #102
CITY-ST-ZIP CLEARWATER, FL 33762

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME HART, DEBORAH ☐ Delete
STREET ADDRESS 2497 HERON TERRACE, #204
CITY-ST-ZIP CLEARWATER, FL 33762

TITLE **SD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD
NAME THOMPSON, HERB ☐ Delete
STREET ADDRESS 2490 HERON TERR F103
CITY-ST-ZIP CLEARWATER, FL 33762

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME DICE, GEOFFREY
STREET ADDRESS 2465 HERON TERRACE #202
CITY-ST-ZIP S. PETERSBURG, FL 33762

TITLE **TD** ☐ Change ☒ Addition
NAME **BAUM, ALLEN**
STREET ADDRESS **# 203**
CITY-ST-ZIP

TITLE D ☒ Delete
NAME FINCH, GREGORY
STREET ADDRESS 2465 HERON TERRACE #101
CITY-ST-ZIP S. PETERSBURG, FL 33762

TITLE **D** ☐ Change ☐ Addition
NAME **HARLY, DEBRA**
STREET ADDRESS **2490 HERON TERRACE, #101**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**727-573
9500**