FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:48

DOCUMENT # 757992 (3)

1. Corporation Name

BORDEAUX VILLAGE ASSOCIATION, NO. 3, INC.

Principal Place of Business	Mailing Address
% C E CARLSON 2450 HERON TERR. STE 101 CLEARWATER FL 34622 US	% C E CARLSON 2450 HERON TERR. STE 101 CLEARWATER FL 34622 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/11/1981
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-2118161 (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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CARDWELL, PAULA
2453 EGRET BLVD
STE O-201
CLEARWATER FL 34622

10. Name and Address of New Registered Agent

81 Name: SMOLIK PETER
82 Street Address (P.O. Box Number is Not Acceptable): 13602 FRIGATE CT #N-201
83
84 City: CLEARWATER FL 85 Zip Code: 34624-2756

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Peter Smolik — DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	D, VP	☒ Change ☐ Addition
NAME	CARDWELL, PAULA	1.2 NAME	WILLIAMS, JEAN-ALEXANDRA	
STREET ADDRESS	2453 EGRET BLVD #O-201	1.3 STREET ADDRESS	13601 FRIGATE COURT #106	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	CLEARWATER, FL 34624-2757	
TITLE	DS	2.1 TITLE	D	☒ Change ☐ Addition
NAME	MISIEWICZ, BARBARA	2.2 NAME	STUART, VELMA O.	
STREET ADDRESS	13603 STORK COURT, P101	2.3 STREET ADDRESS	13607 FRIGATE COURT #101	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	CLEARWATER, FL 34624-2756	
TITLE	DV	3.1 TITLE	D, SEC	☒ Change ☐ Addition
NAME	BLAISDELL, J W	3.2 NAME	BARNES, JO ANN NIK	
STREET ADDRESS	2453 EGRET BLVD #O-201	3.3 STREET ADDRESS	2450 PELICAN COURT #103	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	CLEARWATER, FL 34624-5578	
TITLE	D	4.1 TITLE	D, PRES	☒ Change ☐ Addition
NAME	SMOLIK, PETER	4.2 NAME		
STREET ADDRESS	13602 FRIGATE CT #N-201	4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	D	☐ Change ☒ Addition
NAME		5.2 NAME	THOMPSON, DEBORAH L.	
STREET ADDRESS		5.3 STREET ADDRESS	2450 PELICAN COURT #105	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CLEARWATER, FL 34624-5578	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Peter Smolik — PRES — 4/7/95 — (813)572-4870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048630