## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 757992** 

FILED Mar 17, 2009 Secretary of State

Entity Nan	ne: BORDEA	UX VILLAGE ASSOCIA	TION, NO. 3, INC.
Current Pr	incipal Place	of Business:	New Principal Place of Business:
STE. 260	CUTIVE DR. TER, FL 3376	62 US	
Current Mailing Address:			New Mailing Address:
STE. 260	CUTIVE DR. TER, FL 3376	62 US	5001 FOURTH STREET NORTH STE. A ST. PETERSBURG, FL 33734 US
FEI Number:	59-2118161	FEI Number Applied For	( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and	Address of C	Current Registered Age	ent: Name and Address of New Registered Agent:
CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR., #260 CLEARWATER, FL 33762 US			LANG & BROWN, PA 5001 FOURTH STREET NORTH SUITE A ST. PETERSBURG, FL 33734 US
The above in the State		submits this statement f	or the purpose of changing its registered office or registered agent, or both,
SIGNATURE: NICK LANG			03/17/2009
	Electron	nic Signature of Register	red Agent Date
OFFICERS	AND DIREC	TORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	SNEDECKER,	COURT UNIT R103	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	WALL, BETH	) Delete COURT RD, P-202 , FL 33762	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () SWOOP, DAVII 2453 EGRET B CLEARWATER	LVD #0203	Title: D (X) Change ( ) Addition Name: SWOAP, DAVID Address: 2453 EGRET BLVD #0203 City-St-Zip: CLEARWATER, FL 33762
Title: Name: Address: City-St-Zip:	P () LEWIS, NANCY 2450 PELICAN CLEARWATER	CT NQ -101	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY LEWIS Ρ 03/17/2009