


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90391 036 ****61.25

DOCUMENT # 762278

1. Entity Name
THE ARBORS AT BARDMOOR ASSOCIATION, INC.



Principal Place of Business: **10481 LONGWOOD DRIVE LARGO FL 33777**

Mailing Address: **SALLY RAISLER 10481 LONG WOOD DR LARGO FL 33777 US**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

4. FEI Number: **59-2533168**

Applied For: Not Applicable

Zip: Country

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



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
RAISLER, SALLY 10481 LONGWOOD DRIVE LARGO FL 33777

7. Name and Address of New Registered Agent
 Name: **MALLORY, SALLY**
 Street Address (P.O. Box Number is Not Acceptable): **10457 LONGWOOD DR**
 City: **LARGO, FL** Zip Code: **33777**

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: *Sally Mallory* (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MALLORY, SALLY	
STREET ADDRESS	10457 LONGWOOD DR	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RAISLER, SALLY	
STREET ADDRESS	10481 LONGWOOD DR	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	DADISMAN, KATHERINE	
STREET ADDRESS	10497 LONGWOOD DR	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FRAGNOLI, JOAN	
STREET ADDRESS	12451 LONGWOOD RD.	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TUCK, THOMAS	
STREET ADDRESS	12451 LONGWOOD RD.	
CITY-ST-ZIP	LARGO FL 33777	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPA LARDO, DANA	
STREET ADDRESS	10429 LONGWOOD DR	
CITY-ST-ZIP	LARGO, FL 33777	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLORY, SALLY	
STREET ADDRESS	10457 LONGWOOD DR	
CITY-ST-ZIP	LARGO, FL 33777	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOS SANTOS, THERESA	
STREET ADDRESS	10483 LONGWOOD DR	
CITY-ST-ZIP	LARGO, FL 33777	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JO ANNE HADDAD	
STREET ADDRESS	10335 LONGWOOD DR	
CITY-ST-ZIP	LARGO, FL 33777	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALD FRAGNOLI	
STREET ADDRESS	12451 LONGWOOD DR	
CITY-ST-ZIP	LARGO, FL 33777	
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: *Sally Mallory* **SALLY MALLORY** 4/ 391-3637

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