

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90221 041 ****61.25

DOCUMENT # 762278
 1. Entity Name
THE ARBORS AT BARDMOOR ASSOCIATION, INC.



Principal Place of Business Mailing Address
10481 LONGWOOD DRIVE SALLY RAISLER
LARGO FL 33777 10481 LONG WOOD DR
LARGO FL 33777
US



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
10457 LONGWOOD DR 10457 LONGWOOD DR

1st MOORE CR2E037 (10/05)

City & State City & State
LARGO FL- LARGO FL
 Zip Country Zip Country
33777 USA 33777 USA

4. FEI Number **59-2533168** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
MALLORY, SALLY
10457 LONGWOOD DRIVE
LARGO FL 33777

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: 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

TITLE	D	<input type="checkbox"/> Delete
NAME	PAPALARDO, DANA	
STREET ADDRESS	10429 LONGWOOD DRIVE	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	T	<input type="checkbox"/> Delete
NAME	MALLORY, SALLY	
STREET ADDRESS	10457 LONWOOD DRIVE	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	S	<input type="checkbox"/> Delete
NAME	DOS SANTOS, THERESA	
STREET ADDRESS	10483 LONGWOOD DRIVE	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HADDAD, JOANNE	
STREET ADDRESS	10335 LONGWOOD DRIVE	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FRAGNOLI, DONALD	
STREET ADDRESS	12451 LONGWOOD DRIVE	
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	D	HADDAD, JOANNE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		10335 LONGWOOD DR	
CITY-ST-ZIP		LARGO FL 33777	
TITLE	T	MALLORY, SALLY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		10457 LONGWOOD DR	
CITY-ST-ZIP		LARGO FL 33777	
TITLE	S	KATHRYN DADISMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		10497 LONGWOOD DR	
CITY-ST-ZIP		LARGO FL 33777	
TITLE	P	PAT DALLMANN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		10311 LONGWOOD DR	
CITY-ST-ZIP		LARGO FL 33777	
TITLE	VP	DANA PAPALARDO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		10429 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 exemptions contained in Section 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: _____

4/18/06