

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90188 016 ****61.25

DOCUMENT # 762278

1. Entity Name

THE ARBORS AT BARDMOOR ASSOCIATION, INC.



Principal Place of Business

10457 LONGWOOD DR
LARGO FL 33777

Mailing Address

SALLY MALLORY
10457 LONGWOOD DR
LARGO FL 33777
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MALLORY, SALLY
10457 LONGWOOD DRIVE
LARGO FL 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 D ☐ Delete
NAME HADDAD, JOANNE
STREET ADDRESS 10335 LONGWOOD DR
CITY-ST-ZIP LARGO FL 33777

TITLE FRANKLIN, RICK ☒ Change ☐ Addition
NAME
STREET ADDRESS 10337 LONGWOOD DR
CITY-ST-ZIP LARGO FL 33777

TITLE T ☐ Delete
NAME MALLORY, SALLY
STREET ADDRESS 10497 LONGWOOD DR
CITY-ST-ZIP LARGO FL 33777

TITLE MALLORY, SALLY ☒ Change ☐ Addition
NAME
STREET ADDRESS 10457 LONGWOOD DR
CITY-ST-ZIP LARGO, FL 33777

TITLE S ☐ Delete
NAME DOS SANTOS, THERESA
STREET ADDRESS 10483 LONGWOOD DRIVE
CITY-ST-ZIP LARGO FL 33777

TITLE JOHNSON, MONA ☒ Change ☐ Addition
NAME
STREET ADDRESS 10455 LONGWOOD DR
CITY-ST-ZIP LARGO, FL 33777

TITLE PD ☐ Delete
NAME HADDAD, JOANNE
STREET ADDRESS 10335 LONGWOOD DRIVE
CITY-ST-ZIP LARGO FL 33777

TITLE HADDAD, JOANNE ☐ Change ☐ Addition
NAME
STREET ADDRESS 10335 LONGWOOD DR
CITY-ST-ZIP LARGO FL 33777

TITLE VP ☐ Delete
NAME PAPALARDO, DANA
STREET ADDRESS 10429 LONGWOOD DR
CITY-ST-ZIP LARGO FL 33777

TITLE VP ☐ Change ☐ Addition
NAME PAPALARDO, DANA
STREET ADDRESS 10429 LONGWOOD DR
CITY-ST-ZIP LARGO, FL 33777

TITLE P ☐ Delete
NAME DALLMANN, PAT
STREET ADDRESS 10311 LONGWOOD DR
CITY-ST-ZIP LARGO FL 33777

TITLE P ☐ Change ☐ Addition
NAME DALLMANN, PAT
STREET ADDRESS 10311 LONGWOOD DR
CITY-ST-ZIP LARGO FL 33777

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727
3-26-07 392-2505