


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 <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code

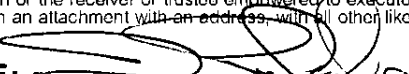
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: HADDAD, JOANNE STREET ADDRESS: 10335 LONGWOOD DR CITY-ST-ZIP: LARGO FL 33777	<input type="checkbox"/> Delete	TITLE: FRANKLIN, RICK NAME: FRANKLIN, RICK STREET ADDRESS: 10337 LONGWOOD DR CITY-ST-ZIP: LARGO FL 33777	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: MALLORY, SALLY STREET ADDRESS: 10497 LONGWOOD DR CITY-ST-ZIP: LARGO FL 33777	<input type="checkbox"/> Delete	TITLE: MALLORY, SALLY NAME: MALLORY, SALLY STREET ADDRESS: 10457 LONGWOOD DR CITY-ST-ZIP: LARGO, FL 33777	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: DOS SANTOS, THERESA STREET ADDRESS: 10483 LONGWOOD DRIVE CITY-ST-ZIP: LARGO FL 33777	<input type="checkbox"/> Delete	TITLE: JOHNSON, MONA NAME: JOHNSON, MONA STREET ADDRESS: 10455 LONGWOOD DR CITY-ST-ZIP: LARGO, FL 33777	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: HADDAD, JOANNE STREET ADDRESS: 10335 LONGWOOD DRIVE CITY-ST-ZIP: LARGO FL 33777	<input type="checkbox"/> Delete	TITLE: HADDAD, JOANNE NAME: HADDAD, JOANNE STREET ADDRESS: 10335 LONGWOOD DR CITY-ST-ZIP: LARGO FL 33777	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: PAPALARDO, DANA STREET ADDRESS: 10429 LONGWOOD DR CITY-ST-ZIP: LARGO FL 33777	<input type="checkbox"/> Delete	TITLE: VP NAME: PAPALARDO, DANA STREET ADDRESS: 10429 LONGWOOD DR CITY-ST-ZIP: LARGO, FL 33777	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P NAME: DALLMANN, PAT STREET ADDRESS: 10311 LONGWOOD DR CITY-ST-ZIP: LARGO FL 33777	<input type="checkbox"/> Delete	TITLE: P NAME: DALLMANN, PAT STREET ADDRESS: 10311 LONGWOOD DR CITY-ST-ZIP: LARGO FL 33777	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: 3-26-07 DAYTIME PHONE #: 727 392-2505