


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90038 037 \*\*\*\*61.25

<b>DOCUMENT # 762278</b>			
1. Entity Name <b>THE ARBORS AT BARDMOOR ASSOCIATION, INC.</b>			
Principal Place of Business <b>10457 LONGWOOD DR LARGO FL 33777</b>		Mailing Address <b>SALLY MALLORY 10457 LONGWOOD DR LARGO FL 33777 US</b>	
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 (10/07)

4. FEI Number <b>59-2533168</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>MALLORY, SALLY 10457 LONGWOOD DRIVE LARGO FL 33777</b>		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		City	Zip Code
		<b>FL</b>	

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW! FEE IS \$61.25</b> <b>Due By May 1, 2008</b>	19. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	Make Check Payable to <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HADDAD, JOANNE 10335 LONGWOOD DR LARGO FL 33777 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HADDAD JOANNE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MALLORY, SALLY 10457 LONGWOOD DR LARGO FL 33777 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MALLORY, SALLY <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOS SANTOS, THERESA 10483 LONGWOOD DRIVE LARGO FL 33777 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHNSON, MONA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10455 LONGWOOD DR LARGO FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HADDAD, JOANNE 10335 LONGWOOD DRIVE LARGO FL 33777 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRANKLIN, RICHARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10337 LONGWOOD DR.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAPALARDO, DANA 10429 LONGWOOD DR LARGO FL 33777 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAPALARDO, DANA <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DALLMANN, PAT 10311 LONGWOOD DR LARGO FL 33777 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DALLMANN PAT <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: SALLY MALLORY Sally Mallory 3/18/08 727 391-3637