

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762278

FILED  
Apr 06, 2010  
Secretary of State

**Entity Name:** THE ARBORS AT BARDMOOR ASSOCIATION, INC.

**Current Principal Place of Business:**

10457 LONGWOOD DR  
LARGO, FL 33777

**New Principal Place of Business:**

**Current Mailing Address:**

SALLY MALLORY  
10457 LONGWOOD DR  
LARGO, FL 33777 US

**New Mailing Address:**

**FEI Number:** 59-2533168      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MALLORY, SALLY  
10457 LONGWOOD DRIVE  
LARGO, FL 33777 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: DALLMAN, PAT  
Address: 10311 LONGWOOD DRIVE  
City-St-Zip: LARGO, FL 33777

Title: TRES  
Name: MALLORY, SALLY  
Address: 10457 LONGWOOD DR  
City-St-Zip: LARGO, FL 33777

Title: SECY  
Name: JOHNSON, MONA  
Address: 10455 LONGWOOD DR.  
City-St-Zip: LARGO, FL 33777

Title: PD  
Name: TUCK, TOM  
Address: 10423 LONGWOOD DRIVE  
City-St-Zip: LARGO, FL 33777

Title: VP  
Name: PAPALARDO, DANA  
Address: 10429 LONGWOOD DR  
City-St-Zip: LARGO, FL 33777

Title: PD  
Name: HADDAD, JOANNE  
Address: 10335 LONGWOOD DRIVE  
City-St-Zip: LARGO, FL 33777

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SALLY MALLORY

TRES

04/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date