~2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2005 8:00 am Secretary of State

DOCUMENT # 769823 1. Entity Name BORDEAUX VILLAGE CONDOMINIUM ASSOCIATION, INC.							О	4-07-2005 90	0027 020	****61.2	25	
Principal Place of Business 9300 N 16TH STREET TAMPA, FL 33612 US		VAN	Mailing Address VANGUARD MGMT TAMPA, FL 33612 US			- 11	4 1 3 8 771 (18 18 18	errim lætæl þáll á (1888 t í		GIEN BIEN BUE		
2. Principal Place of Business		3. Ma	3. Mailing Address									
Suite, Apt. #, etc.		- su	Suite, Apt. #, etc.				02182005	Chg-NP	CR2E037	' (10/03)		
City & State		- ci	City & State				4. FEI Number 59-2503	820			plied For t Applicable	
Zip	ip Country		Zip		ntry 5. Certificate of Status De			\$9.75 Additional				
	6. Name and Address of Cu	rrent Register	ed Agent		Γ		7. Name and A	ddress of New F				
					Name		- I G S S S S S S S S S S S S S S S S S S					
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	TH STREET 💢 🎘 🧪		Street			odress (F	ddress (P.O. Box Number is Not Acceptable)					
TAMPA, F	L 33012				City				FL	Zip Code		
The above named entity submits this statement for the purpose of changing its registr					ed office or	register	ed agent, or both	in the State of Flo		miliar with,	and accept	
the obligat	ions of registered agent.										-	
SIGNATURE .	Signature, typed or printed name of registered	Secret and trie if an	nicable (MOTE	Becater	d Agent tionen	m required	when reinstitling)		DATE			
	Signature, types or prezent razine or register or	- Agost Michigan	7,4072	-		an indiana		B1001001000000000000000000000000000000				
	Filing Fee is \$61.25 Due by May 1, 2005		9. Election Cam Trust Fund C	ontributi		Ц	\$5.00 May Be Added to Fees	Flor	lake check Ida Departr	nent of St	ate	
10.	OFFICERS AN	D DIRECTORS		11.	. 1	A	ADDITIONS/CHAP	NGES TO OFFICE		CTORS IN		
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12. Thereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Fithmer 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, Rorida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with all other like empowered.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF AGAINM OFFICER OR DIRECTO

4-1-05

813-930-8036