

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90023 032 \*\*\*\*61.25

**DOCUMENT # 771271**



1. Entity Name

THE CHASE AT BARDMOOR ASSOCIATION, INC.

Principal Place of Business

8640 PIPER LANE  
LARGO FL 33777

Mailing Address

8640 PIPER LANE  
LARGO FL 33777

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2552095

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

OWEN, JAMES J  
8640 PIPER LANE  
LARGO FL 33777

7. Name and Address of New Registered Agent

Name

JAMES J. OWEN

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

10631 ANDREW LANE

City

LARGO

FL

Zip Code

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, 2006**

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

TITLE	DT	<input type="checkbox"/> Delete
NAME	OWEN, JIM	
STREET ADDRESS	15631 ANDREW LN	
CITY-ST-ZIP	LARGO FL 33777	

TITLE	DAL	<input checked="" type="checkbox"/> Delete
NAME	DEMORAY, CARL	
STREET ADDRESS	8643 PIPER LN	
CITY-ST-ZIP	LARGO FL 33777	

TITLE	S	<input type="checkbox"/> Delete
NAME	MCCRORY, CAROL	
STREET ADDRESS	8611 PIPER LANE	
CITY-ST-ZIP	LARGO FL 33777	

TITLE	V	<input type="checkbox"/> Delete
NAME	HARE, ELAINE	
STREET ADDRESS	10628 ANDREW LANE	
CITY-ST-ZIP	LARGO FL 33777	

TITLE	P	<input type="checkbox"/> Delete
NAME	CAWTHON, TOM	
STREET ADDRESS	10617 ANDREW LN	
CITY-ST-ZIP	LARGO FL 33777	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR AT LARGE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCRORY, CAROL	
STREET ADDRESS	8611 PIPER LANE	
CITY-ST-ZIP	LARGO FL 33777	

TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARE, ELAINE	
STREET ADDRESS	10628 ANDREW LANE	
CITY-ST-ZIP	LARGO FL 33777	

TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGAVERN, BILL	
STREET ADDRESS	10601 ANDREW LANE	
CITY-ST-ZIP	LARGO, FL 33777	

TITLE	DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMORAY, CARL	
STREET ADDRESS	8643 PIPER LANE	
CITY-ST-ZIP	LARGO, FL 33777	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *James J. Owen* JAMES J. OWEN 1/30/06 771-392-8970