FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
[illegible]
95 JUN -1 AM 9:12

DOCUMENT # **G47500** **(5)**

1. Corporation Name
THE CHASE AT BARDMOOR, INC.

Principal Place of Business	Mailing Address
4730 MADISON RD. CINCINNATI OH 45227	4730 MADISON RD. CINCINNATI OH 45227

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/06/1983	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2312224	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27
City & State: 23	City & State: 28
Zip: 24 County: 25	Zip: 29 County: 30

9. Name and Address of Current Registered Agent

RESIDENT AGENT CORP. OF PINELLAS COUNTY
980 TYRONE BLVD.
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name

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

83

84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (DATE)
*Signature, typed or printed name of registered agent and date of signature. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	REYNOLDS, MERRILYN B.	12 NAME	
STREET ADDRESS	1344 30 ST. N.W.	13 STREET ADDRESS	
CITY ST ZIP	WASHINGTON, DC.	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	KIEBACH, OLIVIA M.	22 NAME	
STREET ADDRESS	555 ISLAND DRIVE	23 STREET ADDRESS	
CITY ST ZIP	PALM BEACH FL	24 CITY ST ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	STOECKLE, MARILYN C.	32 NAME	
STREET ADDRESS	4730 MADISON ROAD	33 STREET ADDRESS	
CITY ST ZIP	CINCINNATI OH	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CUDLIP, BRITTAIN B.	42 NAME	
STREET ADDRESS	2068 KALORAMA RD NW	43 STREET ADDRESS	
CITY ST ZIP	WASHINGTON DC	44 CITY ST ZIP	
TITLE	PD	51 TITLE	☐ Change ☐ Addition
NAME	VALENTINE, JAMES E.	52 NAME	
STREET ADDRESS	4730 MADISON RD	53 STREET ADDRESS	
CITY ST ZIP	CINCINNATI OH	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James E Valentine 5/1/95 813-533-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

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