

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90010 026 ****61.25

DOCUMENT # N02000009584	
1. Entity Name HOLLY AT BARDMOOR TOWNHOMES HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 8640 SEMINOLE BOULEVARD SEMINOLE, FL 33772	Mailing Address 10760 CHAPMAN CT LARGO, FL 33777
--	--

DO NOT WRITE IN THIS SPACE

100001JJ



01132005 No Chg-NP CR2E037 (10/03)

4. FEI Number 54-2098619	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HOFSTRA, PETER T
8640 SEMINOLE BOULEVARD
SEMINOLE, FL 33772**

DO NOT WRITE IN THIS SPACE

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)

**Filing Fee is \$61.25
Due by May 1, 2005**

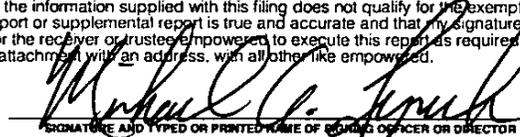
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LYNCH, MICHAEL A 19139 GULF BOULEVARD INDIAN SHORES, FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHOUINARD, ROBERT W 19139 GULF BOULEVARD INDIAN SHORES, FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BALOGH, ROBERT J 19139 GULF BOULEVARD INDIAN SHORES, FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **1/13/05** **727-458-3945**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR Date Daytime Phone #