

**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**

10000733



01132005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2098619

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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 PD
NAME LYNCH, MICHAEL A
STREET ADDRESS 19139 GULF BOULEVARD
CITY-ST-ZIP INDIAN SHORES, FL 33785

TITLE VD
NAME CHOUINARD, ROBERT W
STREET ADDRESS 19139 GULF BOULEVARD
CITY-ST-ZIP INDIAN SHORES, FL 33785

TITLE STD
NAME BALOGH, ROBERT J
STREET ADDRESS 19139 GULF BOULEVARD
CITY-ST-ZIP 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/05 727-458-3945
Date Daytime Phone #