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

Mar 08, 2006 8:00 am **Secretary of State** DOCUMENT # N02000009584 1. Entity Name 03-08-2006 90173 043 ****61.25 HOLLY AT BARDMOOR TOWNHOMES HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 8640 SEMINOLE BOULEVARD SEMINOLE FL 33772 10760 CHAPMAN CT LARGO FL 33777 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 54-2098619 Not Applicable Zip Country Country Zio \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOFSTRA, PETER T Street Address (P.O. Box Number is Not Acceptable) 8640 SEMINOLE BOULEVARD SEMINOLE FL 33772 City Zip Code 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11. Delete THILE ☐ Change BORNSTAN TAYlor ROSE LM LYNCH, MICHAEL A RALP NAME NAME 9783 19139 GULF BOULEVARD STREET ADDRESS STREET ADDRESS 33777 INDIAN SHORES FL 33785 CITY-ST-7(P CITY-ST-7IP VD Addition Delete ☐ Change TITLE TITLE WORMA CHOUINARD, ROBERT W NAME NAME 726 19139 GULF BOULEVARD STREET ADDRESS STREET ADDRESS 33777 LAUGO INDIAN SHORES FL 33785 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition 13ALOGH ROB BUT BALOGH, ROBERT J NAME NAME Aylar ROSE LN 9790 19139 GULF BOULEVARD STREET ADDRESS STREET ADDRESS 33711 L KNG0 CITY-ST-7(P INDIAN SHORES FL 33785 CITY-ST-ZIP 5 D □ Addition ☐ Delete PIBREDOTONI ☐ Change TITLE TITLE RADA AYION ROSE LN NAME NAME 9711 STREET ADDRESS STREET ADDRESS 33ファフ CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

Treasurer

2-25-06

FILED

727-686-4224