


# ANNUAL REPORT

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90046 044 \*\*\*\*61.25

<b>DOCUMENT # N02000009584</b> 1. Entity Name <b>HOLLY AT BARDMOOR TOWNHOMES HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>8640 SEMINOLE BOULEVARD          SEMINOLE, FL 33772</b>		Mailing Address <b>10760 CHAPMAN CT          LARGO, FL 33777</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>LARGO, FL</b>		City & State <b>9705 TAYLOR ROSE LN          LARGO, FL</b>	
Zip <b>33777</b>	Country <b>USA</b>	4. FEI Number <b>54-2098619</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>HOFSTRA, PETER T          8640 SEMINOLE BOULEVARD          SEMINOLE, FL 33772</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>Ralph W. Bornstad, Ralph W. Bornstad</i></u> DATE <u>02-06-07</u> <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BORNSTAD, RALPH 9783 TAYLOR ROSE LN LARGO, FL 33777	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WORMAN, JEFF 9726 TAYLOR ROSE LN LARGO, FL 33777	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BALOGH, ROBERT J 9790 TAYLOR ROSE LN LARGO, FL 33777	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PIEREOSTONI, RADA 9711 TATYLOE ROSE LN LARGO, FL 33777	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u><i>Ralph W. Bornstad, Ralph W. Bornstad</i></u> Date <u>2/6/07</u> Daytime Phone # <u>727-686-4224</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			