

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90044 019 ****61.25

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01042006 Chg-NP CR2E037 (11/05)

DOCUMENT # N03000004122					
1. Entity Name BORDEAUX PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 2020 CLUBHOUSE DR SUN CITY, FL 33573			Mailing Address 2020 CLUBHOUSE DR SUN CITY, FL 33573		
2. Principal Place of Business 2203 MYRTLE VISTA CT. Suite, Apt. #, etc.		3. Mailing Address 2203 MYRTLE VISTA CT. Suite, Apt. #, etc.		<div style="border: 1px solid black; padding: 5px;"> 4. FEI Number 27-0059730 <div style="float: right;">Applied For <input type="checkbox"/> Not Applicable</div> </div> <div style="border: 1px solid black; padding: 5px;"> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required </div>	
City & State SUN CITY CENTER, FL		City & State SUN CITY CENTER, FL			
Zip 33573	Country USA	Zip 33573	Country USA		
6. Name and Address of Current Registered Agent KUREK, CATHY 2020 CLUBHOUSE DRIVE SUN CITY CENTER, FL 33573		7. Name and Address of New Registered Agent Name KYLE R. CREASY Street Address (P.O. Box Number is Not Acceptable) 2203 MYRTLE VISTA COURT City SUN CITY CENTER FL Zip Code 33573			
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>Kyle R. Creasy</i></u> KYLE R. CREASY, PRESIDENT <u>JAN 9 /06</u> <small>Signature, typed or printed name of registered agent and date, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	PD CREASY, KYLE R <input type="checkbox"/> Delete 2203 MYRTLE VISTA COURT SUN CITY, FL 33573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOCHON, RICHARD J <input type="checkbox"/> Delete 2215 MYRTLE VISTA COURT SUN CITY, FL 33573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PATTON, GURDON R <input checked="" type="checkbox"/> Delete 2210 MYRTLE VISTA COURT SUN CITY, FL 33573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LADISLAV, MICHNA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2206 MYRTLE VISTA COURT SUN CITY CENTER, FL 33573		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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>Kyle R. Creasy</i></u> KYLE R. CREASY <u>JAN 9, 2006</u> <u>813.642.0945</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					