

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07551

FILED  
Apr 13, 2006  
Secretary of State

**Entity Name:** THE CLOISTERS AT BARDMOOR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

10835 INDIAN HILLS CT  
SEMINOLE, FL 33777 US

**New Principal Place of Business:**

**Current Mailing Address:**

THE CLOISTERS AT BARDMOOR  
7300 PARK STREET  
SEMINOLE, FL 33777 US

**New Mailing Address:**

**FEI Number:** 59-2541796

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REINHARDT, DEBRA  
RESOURCE PROPERTY MANAGEMENT  
7300 PARK STREET  
SEMINOLE, FL 33777 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: DEVESTINE, STEVE  
Address: 8395 MEADOWBROOK DR A-3  
City-St-Zip: LARGO, FL 33777

Title: VP ( ) Delete  
Name: SPATH, ANNE  
Address: 8395 MEADOWOOD BROOK DR #2  
City-St-Zip: LARGO, FL 33777

Title: T ( ) Delete  
Name: WINTER, CAROLE  
Address: 8395 MEADOW BROOK DR #5  
City-St-Zip: LARGO, FL 33777

Title: D (X) Delete  
Name: SARLOUS, ROBERT  
Address: 8310 MEADOW BROOK DR #14  
City-St-Zip: LARGO, FL 33777

Title: P ( ) Delete  
Name: MCNEES, HERSCHEL  
Address: 8395 MEADOW BROOK DRIVE #4  
City-St-Zip: LARGO, FL 33777

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: DEVESTINE, STEVE  
Address: 8395 MEADOWBROOK DR A-3  
City-St-Zip: LARGO, FL 33777

Title: VS (X) Change ( ) Addition  
Name: DYSON, STUART  
Address: 8395 MEADOWOOD BROOK DR #3  
City-St-Zip: LARGO, FL 33777

Title: T (X) Change ( ) Addition  
Name: WINTERS, CAROLE  
Address: 8395 MEADOW BROOK DR #5  
City-St-Zip: LARGO, FL 33777

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERSCHEL MCNEES

P

04/13/2006

Electronic Signature of Signing Officer or Director

Date