

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002413

FILED  
Mar 02, 2009  
Secretary of State

Entity Name: BARDMOOR AQUATICS TEAM, INC.

## Current Principal Place of Business:

8001 CUMBERLAND ROAD  
LARGO, FL 33777

## New Principal Place of Business:

9426 BEACHBERRY PLACE  
PINELLAS PARK, FL 33782

## Current Mailing Address:

PO BOX 10277  
LARGO, FL 33773

## New Mailing Address:

9426 BEACHBERRY PLACE  
PINELLAS PARK, FL 33782

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SLOCKETT, PRISCILLA  
9426 BEACHBERRY PLACE  
PINELLAS PARK, FL 33782 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: P ( ) Delete  
Name: MILLER, GERRY  
Address: 10648 BARDES COURT  
City-St-Zip: LARGO, FL 33777

Title: V ( ) Delete  
Name: AZAR, LUGENE  
Address: 11776 106TH AVE N  
City-St-Zip: SEMINOLE, FL 33778

Title: S ( ) Delete  
Name: KODA, SHELLY  
Address: 9984 LAKE SEMINOLE DR W  
City-St-Zip: SEMINOLE, FL 33773

Title: T (X) Delete  
Name: SLOCKETT, PRISCILLA  
Address: 9426 BEACHBERRY PLACE  
City-St-Zip: PINELLAS PARK, FL 33782

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS (X) Change ( ) Addition  
Name: RUSSO, DEANNA  
Address: 13118 72ND TERRACE N  
City-St-Zip: SEMINOLE, FL 33776

Title: MR (X) Change ( ) Addition  
Name: GORHAM, BILL  
Address: 9555 120TH ST  
City-St-Zip: SEMINOLE, FL 33778

Title: MRS (X) Change ( ) Addition  
Name: BLACKBURN, DONNA  
Address: 11798 MARIA LN  
City-St-Zip: SEMINOLE, FL 33772

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

I hereby certify that the information supplied with this filing does not qualify 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: PRISCILLA D SLOCKETT

MRS

03/02/2009

Electronic Signature of Signing Officer or Director

Date