2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 18, 2002 8:00 am Secretary of State DOCUMENT # N98000002719 COURTYARDS AT BARDMOOR HOMEOWNERS' ASSOCIATION. 03-18-2002 90062 021 ****61.25 Principal Place of Business Mailing Address 5245 US HWY 19 N 5245 US HWY 19 N **NEW PORT RICHEY FL 34652** NEW PORT RICHEY FL 34652 3. Mailing Address 10273 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3518423 Not Applicable Pinellas \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ibs is Not Accompanie) LN BORDA, JOSEPH R 4925 CROSS BAYOU BOULEVARD **NEW PORT RICHEY FL 34652** 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be **FILE NOW: FEE IS \$61.25** Trust Fund Contribution. Department of State Added to Fees OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITI F ☐ Change Addition (9/01 TITLE Delete Delete Tom Cato PO BOX (0213 BORDA, JOSEPH R NAME NAME STREET ADDRESS STREET ADDRESS 4925 CROSS BAYOU BOULEVARD Largo PL 33773 CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL 34652** Addition Delete TITLE ☐ Change TITLE Donna Nouman NAME NAME BORDA, MARLENE R STREET ADDRESS STREET ADDRESS POBOX (0273 4925 CROSS BAYOU BOULEVARD CITY-ST-ZIP -CITY-ST-ZIP ARGU FL 33773 NEW PORT RICHEY FL 34652 **X** Delete TITLE Change Addition C.B. MORTON MOUNTAIN, MARGARET E NAME NAME POBOX 10273 STREET ADDRESS STREET ADDRESS 4925 CROSS BAYOU BOULEVARD CARGO PL 33773 CITY-ST-ZIP CITY-ST-ZIP NEW PORT RICHEY FL 34652 Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I), 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.