

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

03-17-2003 91061 014 ****61.25

DOCUMENT # N98000002719

1. Entity Name

COURTYARDS AT BARDMOOR HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**8098 ELISABETH LANE
LARGO FL 33777**

Mailing Address
**P.O BOX 10273
LARGO FL 33773**

2. Principal Place of Business

3. Mailing Address

8078 Elisabeth Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LARGO, FL.

Zip

Country

Zip

33777

Country

4. FEI Number **59-3518423**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CATO, TOM
8168 ELISABETH LANE
LARGO FL 33777**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CATO, TOM**
STREET ADDRESS **P.O BOX 10273**
CITY-ST-ZIP **LARGO FL 33773**

TITLE **D** ☒ Delete
NAME **NEWMAN, DONNA**
STREET ADDRESS **P.O BOX 10273**
CITY-ST-ZIP **LARGO FL 33773**

TITLE **D** ☐ Delete
NAME **MORTON, C.B.**
STREET ADDRESS **P.O BOX 10273**
CITY-ST-ZIP **LARGO FL 33773**

TITLE **D** ☐ Delete
NAME **SWATLAND, ROBERT**
STREET ADDRESS **8027 ELISABETH LN.**
CITY-ST-ZIP **LARGO, FL. 33777**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☐ Addition
NAME **Tom Cato**
STREET ADDRESS **8168 Elisabeth Ln.**
CITY-ST-ZIP **Largo, FL. 33777**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☐ Addition
NAME **C.B. MORTON**
STREET ADDRESS **8078 Elisabeth Ln.**
CITY-ST-ZIP **Largo, FL. 33777**

TITLE **D** ☐ Change ☒ Addition
NAME **SWATLAND, ROBERT**
STREET ADDRESS **8027 ELISABETH LN**
CITY-ST-ZIP **LARGO, FL. 33777**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOM CATO

3/1/03

Date

727 397 8177

Daytime Phone #

CR2E037 (10/02)