


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90816 042 ****61.25

DOCUMENT # 720157

1. Entity Name
BARCLEY ESTATES CONDOMINIUM ONE, INC.



Principal Place of Business
**C/O STARLIG MGMT 2870 SHERER DR
 SUITE 100
 SAINT PETERSBURG, FL 33716**

Mailing Address
**2870 SCHERER DRIVE NORTH
 SUITE 100
 SAINT PETERSBURG, FL 33716 US**

40091983



2. Principal Place of Business - No P.O. Box #
8651 10th St N

3. Mailing Address
146 2nd St N

Suite, Apt. #, etc.
202

04272007 Chg-NP CR2E037 (12/06)

City & State
St Pete FL

City & State
St Pete FL

4. FEI Number
59-1540785

Applied For
 Not Applicable

Zip
33702

Country
USA

Zip
33701

Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BECKER & POLIAKOFF, P.A.
 2401 WEST BAY DRIVE
 SUITE # 414
 LARGO, FL 33770**

7. Name and Address of New Registered Agent

Name
AMB

Street Address (P.O. Box Number is Not Acceptable)
146 2nd St N # 202

City
St Petersburg

State
FL

Zip Code
33701

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: **Rebecca Saylor LCAM** DATE: **4-27-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

Filing Fee is **\$61.25** Due by **May 1, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	VP EICHMAN, JEFFREY 1306 MARBENDALE CT KIRKWOOD, MO 63122	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOUCETTE, BOB 8651 10TH STREET NORTH # 120 SAINT PETERSBURG, FL 33702	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINCOID, JANET 8651 10TH ST NORTH #112 SAINT PETERSBURG, FL 33702	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SERGIO, SUZANNE 865 10TH ST NORTH #236 SAINT PETERSBURG, FL 33702	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ISLEY, TILLIE 8651 10TH ST NORTH #136 SAINT PETERSBURG, FL 33702	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Frank Navarro 8651 10 St N # 202 St Pete FL 33702	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jerry Eichman 2001 Trailercrest Ln # 2 St Louis, MO 63122	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vincent Platania 8651 10 St N # 234 St Pete FL 33702	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Suzanne Sergio	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Rebecca Saylor** DATE: **4-27-07** DAYTIME PHONE #: **727-898-8896**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR