

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **726193** (6)
1. Corporation Name
BARKELEY SQUARE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2090 BARKELEY LANE SE
FT. MYERS FL 33907**

Mailing Address
**2090 BARKELEY LANE SE
FT. MYERS FL 33907**

3. Date Incorporated or Qualified
04/20/1973

3a. Date of Last Report
02/06/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1477525	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	
24. Country	29. Country		
25. Country	30. Country		

9. Name and Address of Current Registered Agent

**SHIELDS, CHRISTOPHER J.
PAVESE, GARNER, HAVERFIELD, DALTON, ETAL
1822 HENDRY STREET
FT. MYERS FL 33902**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	HAYES, TOM	1.2 NAME	
STREET ADDRESS	2100 BARKELEY LANE, #9	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33907	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☒ Addition
NAME	CRAIG, HUNTER	2.2 NAME	D FIET, JOYCE
STREET ADDRESS	2079 BARKELEY LANE, #1	2.3 STREET ADDRESS	2079 BARKELEY LANE #24
CITY-ST-ZIP	FT. MYERS FL 33907	2.4 CITY-ST-ZIP	FT MYERS FL 33907
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MOORHOUSE, EDWARD H.	3.2 NAME	
STREET ADDRESS	2079 BARKELEY LANE, #4	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33907	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	THORPE, DICK	4.2 NAME	
STREET ADDRESS	166 LYDALC ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MANCHESTER CT 06040	4.4 CITY-ST-ZIP	
TITLE	DS	5.1 TITLE	☐ Change ☐ Addition
NAME	GAGE, WILLIAM	5.2 NAME	
STREET ADDRESS	2079 BARKELEY LANE, #11	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33907	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☒ Addition
NAME	RICHARDS, BOB	6.2 NAME	D DUFFIELD, DUANE
STREET ADDRESS	8225 WOODBRIDGE RD.	6.3 STREET ADDRESS	406 CHURCH HILL ROAD
CITY-ST-ZIP	WHEELER MI	6.4 CITY-ST-ZIP	FINDLAY OH 45840

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Edward H. Moorhouse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD H. MOORHOUSE

2/14/96
Date

941-275-6546
Daytime Phone #

CR2E037 (12/95)