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FILED

Mar 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 726193 (6)
1. Corporation Name
BARKELEY SQUARE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2090 BARKELEY LANE SE
FT. MYERS FL 339072090 BARKELEY LANE SE
FT. MYERS FL 33907-40233. Date Incorporated or Qualified
04/20/19733a. Date of Last Report
02/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-1477525Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

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 HAYES, TOM
NAME HAYES, TOM
STREET ADDRESS 2100 BARKELEY LANE, #9
CITY-ST-ZIP FT. MYERS FL1.1 TITLE RAY PIPER
1.2 NAME RAY PIPER
1.3 STREET ADDRESS 11707 S. 400 E.
1.4 CITY-ST-ZIP CLAYPOOL, IN 46510TITLE D FIET, JOYCE
NAME FIET, JOYCE
STREET ADDRESS 2079 BARKELEY LANE, #24
CITY-ST-ZIP FT. MYERS FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D MOORHOUSE, EDWARD H.
NAME MOORHOUSE, EDWARD H.
STREET ADDRESS 2079 BARKELEY LANE, #4
CITY-ST-ZIP FT. MYERS FL3.1 TITLE LORETTA VASQUES
3.2 NAME LORETTA VASQUES
3.3 STREET ADDRESS 8475 BEACON BLVD. #114
3.4 CITY-ST-ZIP FORT MYERS, FL. 33907TITLE D THORPE, DICK
NAME THORPE, DICK
STREET ADDRESS 166 LYDALC ST.
CITY-ST-ZIP MANCHESTER CT4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE DS GAGE, WILLIAM
NAME GAGE, WILLIAM
STREET ADDRESS 2079 BARKELEY LANE, #11
CITY-ST-ZIP FT. MYERS FL5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D DUFFIELD, DUANE
NAME DUFFIELD, DUANE
STREET ADDRESS 406 CHURCH HILL ROAD
CITY-ST-ZIP FINDLAY OH6.1 TITLE RALPH TAYLOR
6.2 NAME RALPH TAYLOR
6.3 STREET ADDRESS 8475 BEACON BLVD. #115
6.4 CITY-ST-ZIP FORT MYERS, FL. 33907

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DICK THORPE

Date Daytime Phone # 0000000000

CR2E037 (9/96)