FILE NOW: FILING FEE IS $61.25

FILED
Apr 15, 1999 8:00 am
Secretary of State
04-15-1999 90144 009 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **726193**

1. Corporation Name
BARKELEY SQUARE CONDOMINIUM ASSOCIATION, INC.

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/20/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1477525 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HAYES, THOMAS B
2100 BARKELEY LN #9
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PIPER, RAY		1.2 NAME		
STREET ADDRESS	11707 S. 400 E.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLAYPOOL IN		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FIET, JOYCE		2.2 NAME		
STREET ADDRESS	2079 BARKELEY LANE, #24		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	VASQUES, LORETTA		3.2 NAME		
STREET ADDRESS	8475 BEACON BLVD., #114		3.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	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		4.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	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		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, RALPH		6.2 NAME	Thomas B. Hayes	
STREET ADDRESS	8475 BEACON BLVD., #115		6.3 STREET ADDRESS	2100 Barkley Ln. #9	
CITY-ST-ZIP	FORT MYERS FL		6.4 CITY-ST-ZIP	Fort Myers, FL 33907	

14. 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 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, with all other like empowered.

SIGNATURE: Thomas B. Hayes **SIGNATURE REQUIRED** 4/12/99 941-275-6546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Thomas B. Hayes

CR2E037 (11/98)