

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90075 034 ****61.25

DOCUMENT # 726193

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1477525

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

EDWARD MOORHOUSE

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

2079 BARKELEY LANE #4

City

FORT MYERS

FL

Zip Code

33907

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.

SIGNATURE *Edward Moorhouse*
EDWARD MOORHOUSE-TREASURER

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

(NOTE: Registered Agent signature required when reinstating)

DATE *2/9/02*

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIPER, RAY 11707 S. 400 E. CLAYPOOL IN	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIET, JOYCE 2079 BARKELEY LANE, #24 FT. MYERS FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHEMEHORN, DICK 2100 BARKELEY LANE FORT MYERS FL 33907	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GAGE, WILLIAM 2079 BARKELEY LANE, #11 FT. MYERS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYES, THOMAS B 2100 BARKLEY LN 9 FORT MYERS FL 33907	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTHONY BRUGNONE 895 VALLEYVIEW DR. BELLEVUE, OH 44811	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SUE BECKER 2111 BARKELEY LANE #1 FORT MYERS, FL 33907	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT EDWARD MOORHOUSE 2079 BARKELEY LANE #4 FORT MYERS, FL 33907	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIRLEY SMITH 2100 BARKELEY LANE #4 FORT MYERS, FL 33907	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM SCHUTZ 2401 SW 50TH LANE CAPE CORAL, FL 33914	☐ Change ☒ Addition

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: *Edward Moorhouse Treas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/9/02

941-275-6546

CR2E037 (9/01)