

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726193

FILED
Apr 27, 2006
Secretary of State

Entity Name: BARKELEY SQUARE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2090 BARKELEY LANE SE
FT. MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

2090 BARKELEY LANE SE
FT. MYERS, FL 33907

New Mailing Address:

FEI Number: 59-1477525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATLAND, RUDOLPH
12995 S CLEVELAND AVE STE 107
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: BECKER, SUE
Address: 2111 BARKELEY LANE #1
City-St-Zip: FORT MYERS, FL 33907

Title: DP () Delete
Name: SCHEMEHORN, DICK
Address: 2100 BARKELEY LANE
City-St-Zip: FORT MYERS, FL 33907

Title: VP () Delete
Name: SCHUTZ, WILLIAM
Address: 2401 SW 50TH LN
City-St-Zip: CAPE CORAL, FL 33914

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: ZIPPER, DAVID
Address: 2079 BARKELEY LANE #3
City-St-Zip: FORT MYERS, FL 33907

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: WARDROPE, ANITA
Address: 2079 BARKELEY LANE #1
City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID ZIPPER

P

04/27/2006

Electronic Signature of Signing Officer or Director

Date