

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726193

FILED
Apr 09, 2010
Secretary of State

Entity Name: BARKELEY SQUARE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD, SUITE 200
FT. MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD, SUITE 200
FT. MYERS, FL 33919

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:

ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER RD
SUITE 200
FORT MYERS, FL 33919 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: SD
Name: BECKER, SUE
Address: 2111 BARKELEY LANE #1
City-St-Zip: FORT MYERS, FL 33907

Title: PD
Name: MCCARTHY, LINDA
Address: 2111 BARKELEY LANE #21
City-St-Zip: FORT MYERS, FL 33907

Title: TD
Name: POTAKI, JON
Address: 2100 BARKELEY LANE # C08
City-St-Zip: FORT MYERS, FL 33907

Title: D
Name: PASCHALL, JOE
Address: 2100 BARKELEY LANE #17
City-St-Zip: FORT MYERS, FL 33907

Title: D
Name: MOTZ, MARY
Address: 2079 BARKELEY LANE #A08
City-St-Zip: FORT MYERS, FL 33907

Title: VP
Name: DISHMAN, BETTY
Address: 2111 BARKELEY LANE #B21
City-St-Zip: FT. MYERS, FL 33907

I hereby 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 all other like empowered.

SIGNATURE: JON POTAKI

TD

04/09/2010

Electronic Signature of Signing Officer or Director

Date