2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2012
Secretary of State

DOCUMENT# 726193

Entity Name: BARKELEY SQUARE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O CAPITOL ASSOCIATION MANAGEMENT
8695 COLLEGE PARKWAY, SUITE 1354
FT. MYERS, FL 33919

New Principal Place of Business:

C/O CAPITOL ASSOCIATION MANAGEMENT
8695 COLLEGE PARKWAY, SUITE 1370
FT. MYERS, FL 33919

Current Mailing Address:

C/O CAPITOL ASSOCIATION MANAGEMENT
8695 COLLEGE PARKWAY, SUITE 1354
FT. MYERS, FL 33919

New Mailing Address:

C/O CAPITOL ASSOCIATION MANAGEMENT
8695 COLLEGE PARKWAY, SUITE 1370
FT. MYERS, FL 33919

FEI Number: 59-1477525 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAPITOL ASSOCIATION MANAGEMENT, INC.
8695 COLLEGE PARKWAY
SUITE 1354
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

CAPITOL ASSOCIATION MANAGEMENT, INC.
8695 COLLEGE PARKWAY
SUITE 1370
FORT MYERS, FL 33919 US

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: _____ 04/10/2012
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD
Name: CWYNAR, DOLORES
Address: 8695 COLLEGE PARKWAY, # 1370
City-St-Zip: FORT MYERS, FL 33919

Title: PD
Name: MCCARTHY, LINDA
Address: 8695 COLLEGE PARKWAY, # 1370
City-St-Zip: FORT MYERS, FL 33919

Title: TD
Name: POTAKI, JON
Address: 8695 COLLEGE PARKWAY, # 1370
City-St-Zip: FORT MYERS, FL 33919

Title: D
Name: JOHNSON, NATALIE
Address: 8695 COLLEGE PARKWAY, # 1370
City-St-Zip: FORT MYERS, FL 33919

Title: VP
Name: DISHMAN, BETTY
Address: 8695 COLLEGE PARKWAY, # 1370
City-St-Zip: FT. MYERS, FL 33919

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: CARLOS RAMIREZ REG 04/10/2012
Electronic Signature of Signing Officer or Director — Date