

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737880 (5)

1. Corporation Name

BARCLAY WOODS HOMEOWNERS ASSOC., INC.



Principal Place of Business

Mailing Address

622 HATTAWAY DR
ALTAMONTE SPRINGS FL 32701
US

622 HATTAWAY DR
ALTAMONTE SPRINGS FL 32701
US

3. Date Incorporated or Qualified
01/21/1977

3a. Date of Last Report
06/05/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-1751099

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STUHM, ROBERT
622 HATTAWAY DR
ALTAMONTE SPRINGS FL 32701

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

ROBERT STUHM

Robert Stuh

05-23-96

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME ERVIN, ROBERT
STREET ADDRESS 419 BARCLAY AVE.
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

11 TITLE PD Change Addition
12 NAME MAJEWSKI, WILLIAM
13 STREET ADDRESS 412 BROADVIEW AVE
14 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE VD DELETE
NAME HUFFMAN, DIEDRA
STREET ADDRESS 623 HATTAWAY DR
CITY-ST-ZIP ALTAMONTE SPRINGS FL

21 TITLE VD Change Addition
22 NAME ERVIN, ROBERT
23 STREET ADDRESS 419 BARCLAY AVE
24 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE SD DELETE
NAME BUKER, CANDICE
STREET ADDRESS 620 MAYFAIR DR
CITY-ST-ZIP ALTAMONTE SPRGS FL

31 TITLE SD Change Addition
32 NAME LONG, KATHY
33 STREET ADDRESS 511 ARVERN CT.
34 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE TD DELETE
NAME STUHM, ROBERT
STREET ADDRESS 622 HATTAWAY DR.
CITY-ST-ZIP ALTAMONTE SPRGS FL

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE D DELETE
NAME PRESGRAVES, JOHN
STREET ADDRESS 609 HATTAWAY DR
CITY-ST-ZIP ALTAMONTE SPRINGS FL

51 TITLE D Change Addition
52 NAME SNYDER, DIANE
53 STREET ADDRESS 417 BARCLAY AVE
54 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE D DELETE
NAME NIELSEN, JOREE
STREET ADDRESS 322 BARCLAY AVE.
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

61 TITLE D Change Addition
62 NAME STOVER, ROGER
63 STREET ADDRESS 513 ARVERN CT.
64 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

ROBERT STUHM

Robert Stuh

05-23-96

Date

407-830-8459

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)