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Feb 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 622 HATTAWAY DR, ALTAMONTE SPRINGS FL 32701 US
Mailing Address: 622 HATTAWAY DR, ALTAMONTE SPRINGS FL 32701-6105 US

3. Date Incorporated or Qualified: 01/21/1977
3a. Date of Last Report: 05/30/1996
4. FEI Number: 59-1751099
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 [X] No

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent
STUHM, ROBERT
622 HATTAWAY DR
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 Stuhm 01-27-97

12. OFFICERS AND DIRECTORS
PD MAJEWSKI, WILLIAM 412 BROADVIEW AVE ALTAMONTE SPRINGS FL
VD ERVIN, ROBERT 419 BARCLAY AVE ALTAMONTE SPRINGS FL
SD LONG, KATHY 511 ARVERN CT ALTAMONTE SPRINGS FL
TD STUHM, ROBERT 622 HATTAWAY DR. ALTAMONTE SPRINGS FL
D SNYDER, DIANE 417 BARCLAY AVE ALTAMONTE SPRINGS FL
D STOVER, ROGER 513 ARVERN CT ALTAMONTE SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 Stuhm 01-27-97 407 830 8459

CR2E037 (9/96)