


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 05 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 737880 (5)**  
1. Corporation Name  
**BARCLAY WOODS HOMEOWNERS ASSOC., INC.**



Principal Place of Business <b>622 HATTAWAY DR ALTAMONTE SPRINGS FL 32701 US</b>	Mailing Address <b>622 HATTAWAY DR ALTAMONTE SPRINGS FL 32701 US</b>
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3. Date Incorporated or Qualified <b>01/21/1977</b>	
4. FEI Number <b>59-1751099</b>	Applied For <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 TO ROBERT STUHM DATE FEB 1, 1998  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>MAJEWSKI, WILLIAM</b>	
STREET ADDRESS	<b>412 BROADVIEW AVE</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>ERVIN, ROBERT</b>	
STREET ADDRESS	<b>419 BARCLAY AVE</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>LONG, KATHY</b>	
STREET ADDRESS	<b>511 ARVERN CT</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRGS FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>STUHM, ROBERT</b>	
STREET ADDRESS	<b>622 HATTAWAY DR.</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRGS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SNYDER, DIANE</b>	
STREET ADDRESS	<b>417 BARCLAY AVE</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>STOVER, ROGER</b>	
STREET ADDRESS	<b>513 ARVERN CT</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 TO ROBERT STUHM DATE FEB 1 1998 407-830-8459

CR2E037 (10/97)