


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jul 20, 1999 8:00 am**  
**Secretary of State**

07-20-1999 90014 014 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 737880** ✓

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 US
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2. Principal Place of Business 21 <b>417 Barclay Ave.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>417 Barclay Ave</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified 01/21/1977
22	27	4. FEI Number 59-1751099
23 City & State <b>Altamonte Spgs, FL</b>	28 City & State <b>Altamonte Spgs, FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 Zip 32701	25 County Seminole	29 Zip 32701
30 County Seminole	3. Date Incorporated or Qualified	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

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 **Diane Snyder**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**417 Barclay Ave**  
 83  
 84 City **Altamonte Springs FL** 85 Zip Code **32701**

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 **Diane Snyder** **Diane Snyder** **7-12-99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

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

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>TD Snyder, Diane</b>
4.3 STREET ADDRESS	<b>417 Barclay Ave</b>
4.4 CITY-ST-ZIP	<b>Altamonte Spr., FL 32701</b>
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, with all other like empowered.

SIGNATURE: **Diane Snyder** **7-12-99** (407) 834-3740  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)