

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 737880	
1. Entity Name BARCLAY WOODS HOMEOWNERS ASSOC., INC.	
Principal Place of Business 417 BARCLAY AVE ALTAMONTE SPRINGS, FL 32701 US	Mailing Address 417 BARCLAY AVE ALTAMONTE SPRINGS, FL 32701 US



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02012005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1751099	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SNYDER, DIANE
417 BARCLAY AVE
ALTAMONTE SPRINGS, FL 32701

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARTLE, RON 405 BARCLAY AVE ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAJEWSKI, BILL 412 BROADVIEW ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LONG, KATHY 511 ARVERN CT ALTAMONTE SPRGS, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SNYDER, DIANE 417 BARCLAY AVE ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOVER, ROGER 417 BARCLAY AVE ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCKHEART, ANGELA 630 MAYFAIR AVE ALTAMONTE SPRINGS, FL 32701

U00000257155
03/09/05-80042-014 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Diane P. Snyder 2-28-05 (407) 834-3740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #