

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737880

FILED
Jun 25, 2009
Secretary of State

Entity Name: BARCLAY WOODS HOMEOWNERS ASSOC., INC.

Current Principal Place of Business:

417 BARCLAY AVE
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

417 BARCLAY AVE
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

FEI Number: 59-1751099 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SNYDER, DIANE
417 BARCLAY AVE
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VD (X) Delete
Name: HANSON, BROCK
Address: 628 ARVEN DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: PD () Delete
Name: MAJEWSKI, BILL
Address: 412 BROADVIEW
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: SD () Delete
Name: LANBE, TESSA
Address: 318 BARCLAY AVE
City-St-Zip: ALTAMONTE SPRGS, FL 32701

Title: TD () Delete
Name: SNYDER, DIANE
Address: 417 BARCLAY AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: HUMMEL, MISSY
Address: 507 ARVEN CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: HOOVER, PAT
Address: 503 ARVERN CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE SNYDER

TD

06/25/2009

Electronic Signature of Signing Officer or Director

_____ Date