

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737880

FILED
Aug 05, 2011
Secretary of State

Entity Name: BARCLAY WOODS HOMEOWNERS ASSOC., INC.

Current Principal Place of Business:

503 ARVERN COURT
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

503 ARVERN COURT
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

FEI Number: 59-1751099

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOOVER, PAT
503 ARVERN CT
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: PD
Name: HOOVER, PAT
Address: 503 ARVERN CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 FL

Title: SD
Name: MCPHERSON, MISTY
Address: 511 ARVERN CT
City-St-Zip: ALTAMONTE SPRGS, FL 32701

Title: TD
Name: MCGRATH, MARION
Address: 509 ARVERN COURT
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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

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

Title: D
Name: LAMB, TESSA
Address: BARCLAY AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby 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 all other like empowered.

SIGNATURE: PAT HOOVER

PD

08/05/2011

Electronic Signature of Signing Officer or Director

Date