

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737880

FILED  
Apr 30, 2012  
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: TD  
Name: HOOVER, PAT  
Address: 503 ARVERN CT  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 FL

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

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

Title: SD  
Name: JUANITA, REAL  
Address: 305 BARCLAY AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: VD  
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

TD

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date