

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 761829

1. Corporation Name

BARRISTERS BUILDING CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

C/O JFN MANAGEMENT CORP.
10266 ALLAMANDA CIRCLE
PALM BEACH GARDENS FL 33410
US

Mailing Address

C/O JFN MANAGEMENT CORP.
10266 ALLAMANDA CIRCLE
PALM BEACH GARDENS FL 33410
US

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90074 024 ****61.25



2. Principal Place of Business

C/O SCC Mgt. Services

Suite, Apt. #, etc.

440 Royal Palm Way

City & State

Palm Beach, FL

Zip

33400

Country

2a. Mailing Address

C/O SCC Mgt. Services

Suite, Apt. #, etc.

440 Royal Palm Way

City & State

Palm Beach, FL

Zip

33480

Country

3. Date Incorporated or Qualified

02/24/1982

4. FEI Number

59-2266300

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

KOGAN, DARRYL B.
PAXTON, CROW, BRAGG, SMITH & KEYSER, P.A.
1615 FORUM PLACE, STE 500
W. PALM BEACH FL 33401

Nelson

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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 **P** ☒ DELETE

NAME **DONEY, WILLIAM**
STREET ADDRESS **1615 FORUM PLACE.**
CITY-ST-ZIP **W. PALM BCH. FL**

TITLE **VP** ☐ DELETE

NAME **LIGGIO, JEFFREY**
STREET ADDRESS **1615 FORUM PLACE**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **SVPD** ☐ DELETE

NAME **BURLINGTON, PHILIP M**
STREET ADDRESS **1615 FORUM PLACE**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **TD** ☐ DELETE

NAME **MACLOSKEY, LOUIS**
STREET ADDRESS **1615 FORUM PLACE**
CITY-ST-ZIP **W PALM BCH, FL 00000**

TITLE **SD** ☒ DELETE

NAME **SELLERS, ROM**
STREET ADDRESS **1615 FORUM PLACE**
CITY-ST-ZIP **W PALM BCH, FL 00000**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PRESIDENT
DAVID CROW

1615 Forum Place
West Palm Beach, FL 33401

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SECRETARY
James D. Wilkerson, JR
1601 Forum Place, Suite 307
West Palm Beach, FL 33401

6.1 TITLE

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0042008

CR2E037-11/98