

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761829

FILED  
Mar 11, 2009  
Secretary of State

Entity Name: BARRISTERS BUILDING CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

600 SANDTREE DRIVE #109  
PALM BEACH GARDENS, FL 33403 US

**New Principal Place of Business:**

**Current Mailing Address:**

600 SANDTREE DRIVE #109  
PALM BEACH GARDENS, FL 33403 US

**New Mailing Address:**

FEI Number: 59-2266300      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RIGELL, DAVID R  
1615 FORUM PLACE  
SUITE 200  
WEST PALM BEACH, FL 33401 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 ( ) Delete  
Name: RIGELL, DAVID  
Address: 1615 FORUM PL  
City-St-Zip: WEST PALM BEACH, FL 33410

Title: VPD ( ) Delete  
Name: LIGGIO, JEFFREY  
Address: 1615 FORUM PL  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S ( ) Delete  
Name: MACLOSKEY, LOUIS,  
Address: 1615 FORUM PLACE  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VPD ( ) Delete  
Name: SCHULER, RICHARD  
Address: 1615 FORUM PLACE  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: T ( ) Delete  
Name: CARUSO, EDNA  
Address: 1615 FORUM PL  
City-St-Zip: WEST PALM BEACH, FL 33401

**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:

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: DAVID RIGELL

PD

03/11/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date