

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY 16 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766701 (7)
1. Corporation Name
BARRINGTON OAKS EAST HOMEOWNERS ASSOCIATION, INC

Principal Place of Business Mailing Address
C/O REGISTERED CORPORATE AGENTS, INC. C/O REGISTERED CORPORATE AGENTS, INC.
5905 N. LYNN AVENUE, SUITE B 5905 N. LYNN AVENUE, SUITE B
TAMPA FL 33604 TAMPA FL 33604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/26/1983	3a. Date of Last Report 08/15/1994
4. FBI Number 59-2440030	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent
REGISTERED CORPORATE AGENTS, INC.
5905 N. LYNN AVENUE
SUITE B
TAMPA FL 33604

10. Name and Address of New Registered Agent
81 Name Registered Corporate Agents
82 Street Address (P.O. Box Number is Not Acceptable) 612 S. Greenwood Ave.
83
84 City Clearwater FL 85 Zip Code 347616

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	TOSCA, CLAUDIA
STREET ADDRESS	151 BARRINGTON DRIVE
CITY - ST - ZIP	BRANDON FL
TITLE	VD
NAME	ROSENER, KAREN
STREET ADDRESS	157 BARRINGTON DRIVE
CITY - ST - ZIP	BRANDON FL
TITLE	AVD
NAME	BARTZ, PETER
STREET ADDRESS	158 BARRINGTON DR
CITY - ST - ZIP	BRANDON FL
TITLE	TD
NAME	DANIELS, ROBERT Franklin, David
STREET ADDRESS	149 156 BARRINGTON DRIVE
CITY - ST - ZIP	BRANDON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS	TD FRANKLIN, DAVID A
4.4 CITY - ST - ZIP	149 BARRINGTON DRIVE BRANDON FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included on this 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 agent of the corporation or receiver or trustee appointed to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 of this filing. To be an attachment with an address.

SIGNATURE: *David A. Franklin* DATE: 4/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Office: 813 681-8242