

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **766701**

(7)

1. Corporation Name

BARRINGTON OAKS EAST HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

C/O REGISTERED CORPORATE AGENTS, INC.
5905 N. LYNN AVENUE, SUITE B
TAMPA FL 33604

C/O REGISTERED CORPORATE AGENTS, INC.
5905 N. LYNN AVENUE, SUITE B
TAMPA FL 33604



2. Principal Place of Business

2a. Mailing Address

21 *c/o Richard W Carr*

26 *c/o Richard W. Carr*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 *118 Barrington Dr.*

27 *118 Barrington Dr.*

City & State

City & State

23 *Brandon, FL*

28 *Brandon, FL*

Zip

Zip

24 *33511*

Country

29 *33511*

Country

25 *USA*

30 *USA*

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/26/1983

3a. Date of Last Report

05/16/1995

4. FEI Number

59-2440030

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

REGISTERED CORPORATE AGENTS, INC.
REGISTERED CORPORATE AGENTS
612 S GREENWOOD AVE
CLEARWATER FL 34616

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 **PO** ☒ DELETE

NAME **TOSCA, CLAUDIA**
STREET ADDRESS **151 BARRINGTON DRIVE**
CITY - ST - ZIP **BRANDON FL**

TITLE **VD** ☒ DELETE

NAME **ROSENER, KAREN**
STREET ADDRESS **157 BARRINGTON DRIVE**
CITY - ST - ZIP **BRANDON FL**

TITLE **AVD** ☒ DELETE

NAME **BARTZ, PETER**
STREET ADDRESS **158 BARRINGTON DR**
CITY - ST - ZIP **BRANDON FL**

TITLE **TD** ☐ DELETE

NAME **FRANKLIN, DAVID A**
STREET ADDRESS **149 BARRINGTON DRIVE**
CITY - ST - ZIP **BRANDON FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PO** ☒ Change ☐ Addition

1.2 NAME **CARR, Richard**
1.3 STREET ADDRESS **118 Barrington Dr.**
1.4 CITY - ST - ZIP **Brandon, FL 33511**

2.1 TITLE **VD** ☒ Change ☐ Addition

2.2 NAME **EDINGTON, DON**
2.3 STREET ADDRESS **134 Barrington Dr.**
2.4 CITY - ST - ZIP **BRANDON, FL 33511**

3.1 TITLE **AVD** ☒ Change ☐ Addition

3.2 NAME **MILTON, LAODAWA**
3.3 STREET ADDRESS **153 BARRINGTON DR.**
3.4 CITY - ST - ZIP **BRANDON, FL 33511**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 119.07(3)(k), 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.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-96

Date

813-754-4725

Daytime Phone #

CR2E037 (3/96)