

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90054 023 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 766701**

1. Corporation Name  
**BARRINGTON OAKS EAST HOMEOWNERS ASSOCIATION, INC**

Principal Place of Business  
 C/O REGISTERED CORP. AGENTS, INC  
 612 S GREENWOOD AVE  
 CLEARWATER FL 33756

Mailing Address  
 PO BOX 2392  
 BRANDON FL 33509



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/26/1983</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2440030</b>	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24	Country	29	Country	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		30	<b>33509-2392</b>		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
<b>REGISTERED CORPORATE AGENTS, INC.</b> <b>612 S GREENWOOD AVE</b> <b>CLEARWATER FL 33756</b>				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, RICHARD	1.2 NAME	
STREET ADDRESS	118 BARRINGTON DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33511	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALLY MENNIGES	2.2 NAME	WALTER BRAUDIS
STREET ADDRESS	113 BARRINGTON DRIVE	2.3 STREET ADDRESS	130 BARRINGTON DRIVE
CITY-ST-ZIP	BRANDON FL 33511	2.4 CITY-ST-ZIP	BRANDON, FL 33511
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY ANN UNDERHILL	3.2 NAME	JEANNE WESTON-CARR
STREET ADDRESS	126 BARRINGTON DR	3.3 STREET ADDRESS	118 BARRINGTON DRIVE
CITY-ST-ZIP	BRANDON FL 33511	3.4 CITY-ST-ZIP	BRANDON, FL 33511
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	DON EDINGTON	4.2 NAME	
STREET ADDRESS	134 BARRINGTON DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33511	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]* **SIGNATURE REQUIRED** 5/1/99 813-681-1559  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/198)