

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90140 049 ****61.25

DOCUMENT # 766701



1. Entity 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 33509-2392**

JUN 17 2003



2. Principal Place of Business
**c/o Nancy E Connors
140 BARRINGTON DR.
BRANDON, FLORIDA**

3. Mailing Address
~~140 BARRINGTON DR~~
**SAME
AS ABOVE**

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2440030** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**REGISTERED CORPORATE AGENTS, INC.
612 S GREENWOOD AVE
CLEARWATER FL 33756**

7. Name and Address of New Registered Agent
Name **Nancy E Connors**
Street Address (P.O. Box Number is Not Acceptable) **140 BARRINGTON DR**
City **BRANDON, FL** Zip Code **33511**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Nancy E Connors* **NANCY E CONNORS** 2/6/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WESTON-CARR, JEANNE 118 BARRINGTON DR BRANDON FL 33511	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONNOR, NANCY 140 BARRINGTON DRIVE BRANDON FL 33511	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BISHOP, VICTORIA 124 BARRINGTON DRIVE BRANDON FL 33511	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOLFE, MERINDA 149 BARRINGTON DRIVE BRANDON FL 33511	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT Bill Holloway 111 BARRINGTON DRIVE BRANDON, FL 33511	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE: *JEANNE WESTON-CARR* **JEANNE WESTON-CARR 800-876-3392**
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/02)