


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90035 007 ****61.25

DOCUMENT # N01000005969
 1. Entity Name
BARRINGTON HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**BARRINGTON OAKS
 DOVER, FL 33527**

Mailing Address
**PO BOX 1223
 DOVER, FL 33527**

24008645



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country


01122004 Chg-NP CR2E037 (10/03)

4. FEI Number
01-0604383

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
WEAVER, CHET
9421 BARRINGTON OAKS DR
DOVER, FL 33527



7. Name and Address of New Registered Agent
 Name **Tara Robinson**
 Street Address (P.O. Box Number is Not Acceptable)
9425 Barrington Oaks Dr
 City **Dover** FL Zip Code **33527**

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 Tara Robinson - Treasurer Tara Robinson DATE 1-13-04

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

Filing Fee is \$61.25 Due by May 1, 2004

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	D	<input checked="" type="checkbox"/> Delete
NAME	WEAVER, CHET	
STREET ADDRESS	9521 BARRINGTON OAKS DR	
CITY-ST-ZIP	DOVER, FL 33527	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STENGER, GART	
STREET ADDRESS	9430 BARRINGTON OAKS DR	
CITY-ST-ZIP	DOVER, FL 33527	
TITLE		<input type="checkbox"/> Delete
NAME	ROBINSON, TARA	
STREET ADDRESS	9425 BARRINGTON OAKS DR	
CITY-ST-ZIP	DOVER, FL 33527	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEEKLEY, ALTON	
STREET ADDRESS	9410 BARRINGTON OAKS DR	
CITY-ST-ZIP	DOVER, FL 33527	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Philip Frohna	
STREET ADDRESS	9409 Barrington Creek	
CITY-ST-ZIP	DOVER, FL 33527	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald Mullen	
STREET ADDRESS	9339 Barrington Oaks	
CITY-ST-ZIP	DOVER, FL 33527	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 like empowered.

SIGNATURE: Tara Robinson - Tara Robinson 1-13-04 813-351-2581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #