

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 01, 2007
Secretary of State**

DOCUMENT# N01000005969

Entity Name: BARRINGTON HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

BARRINGTON OAKS
DOVER, FL 33527

New Principal Place of Business:

Current Mailing Address:

1207 N. HIMES AVE.
SUITE 3
TAMPA, FL 33607

New Mailing Address:

FEI Number: 01-0604383 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

UNIQUE PROPERTY SERVICES INC.
1207 N. HIMES AVE,
SUITE 3
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ARTZ, WINTON
Address: 9338 BARRINGTON CREEK
City-St-Zip: DOVER, FL 33527

Title: D () Delete
Name: JACOB, DENNY
Address: 9206 BARRINGTON OAKS
City-St-Zip: DOVER, FL 33527

Title: T () Delete
Name: ICEMAN, CHARISSE
Address: BARRINGTON OAKS DR
City-St-Zip: DOVER, FL 33527

Title: T () Delete
Name: SKOLNIK, NANETTE
Address: 7710 MUCK POND RD.
City-St-Zip: DOVER, FL 33527

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WINTON ARTZ

P

05/01/2007

Electronic Signature of Signing Officer or Director

_____ Date