

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 18 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N25059 (9)**  
1. Corporation Name  
**BARKLEY MASTER ASSOCIATION, INC.**



Principal Place of Business <b>BARKLEY RECREATIONAL CENTER 2605 BARKLEY DRIVE WEST PALM BEACH FL 33415</b>	Mailing Address <b>BARKLEY RECREATIONAL CENTER 2605 BARKLEY DRIVE WEST PALM BEACH FL 33415</b>
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3. Date Incorporated or Qualified <b>02/25/1988</b>	
4. FEI Number <b>65-0040497</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
23 City & State	27 City & State
24 Zip	28 Zip
25 Country	29 Country
30	

**9. Name and Address of Current Registered Agent**

**ST. JOHN, DAVID  
ST. JOHN, KING & DICKER  
500 AUSTRALIAN AVE. S., #800  
WEST PALM BEACH FL 33401**

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEYLER, CARMELA 2711 BARKLEY DR W WEST PALM BEACH FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HEWETT, JANE 2510 C BARKLEY DR E WEST PALM BEACH FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOGELMAN, WILLIAM 2581-C-BARKLEY DR W WEST PALM BEACH FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DACUNHA, ANTHONY 2870-C-BARKLEY DR E WEST PALM BEACH FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADDONE, MARY JANE 2693-D-BARLEY DR E WEST PALM BEACH FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEIN, JACK 5483-F-CRESTHAVEN BLVD WEST PALM BEACH FL <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	✓ DI PAOLO, ALBERT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2581 A. BARKLEY DRIVE W. WEST PALM BEACH, FL 33415
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	T. THOMSEN, KATHLEEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2681 D BARKLEY DRIVE W WEST PALM BEACH, FL 33415
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	S JONES, BARBARA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2570 B. BARKLEY DRIVE E WEST PALM BEACH, FL 33415
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D KYLE, WILLARD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2703 J BARKLEY DRIVE E WEST PALM BEACH, FL 33415
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Carmela Seyler* **CARMELA SEYLER** 2-11-98 561-965-6103

CR2E037 (10/97)