


FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90099 029 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000001250					
1. Corporation Name THE BARRINGER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 777 NORTH HIGHWAY A1A #201 INDIAN LANTIC FL 32903			Mailing Address 777 NORTH HIGHWAY A1A #201 INDIAN LANTIC FL 32903		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 03/03/1998	
4. FEI Number 59-3494629		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Trust Fund Contribution			
9. Name and Address of Current Registered Agent MOSLEY, CURTIS R 1221 EAST NEW HAVEN AVENUE MELBOURNE FL 32901			10. Name and Address of New Registered Agent 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD NAME LUCAS, EDWARD R STREET ADDRESS 1395 A 1 A UNIT #401 CITY-ST-ZIP SATELLITE BEACH FL 32937	<input checked="" type="checkbox"/> DELETE		1.1 TITLE PD 1.2 NAME DOWNS, Thomas M 1.3 STREET ADDRESS 1395 A1A Unit 402 1.4 CITY-ST-ZIP Satellite Beach FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME DOWNS, THOMAS M STREET ADDRESS 1395 A 1 A UNIT #402 CITY-ST-ZIP SATELLITE BEACH FL 32937	<input checked="" type="checkbox"/> DELETE		2.1 TITLE VD 2.2 NAME DOWNS, Kimberly 2.3 STREET ADDRESS 1395 A1A Unit 402 2.4 CITY-ST-ZIP SATELLITE Beach FL 32937	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE STD NAME RAY, BONNIE L STREET ADDRESS 1395 A 1 A UNIT #402 CITY-ST-ZIP SATELLITE BEACH FL 32937	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE		<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 817, 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:

Bonnie L RAY
 SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR
 BONNIE L RAY

2/17/99 407-725-3000
 Date Daytime Phone

CR2E037 (1/98)