

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001250

1. Entity Name

THE BARRINGER CONDOMINIUM ASSOCIATION, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90092 034 ****61.25

Principal Place of Business

Mailing Address

777 NORTH HIGHWAY A1A #201
INDIALANTIC FL 32903

777 NORTH HIGHWAY A1A #201
INDIALANTIC FL 32903-3049

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3494629

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MOSLEY, CURTIS R
1221 EAST NEW HAVEN AVENUE
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name

Susan Block

Street Address (P.O. Box Number is Not Acceptable)

1845 N. Highway A1A # 501

City

INDIALANTIC

FL

Zip Code

32903

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.

SIGNATURE

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME DOWNS, THOMAS M
STREET ADDRESS 1395 1A, UNIT 402
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE VD ☒ Delete
NAME DOWNS, KIMBERLY
STREET ADDRESS 1395 A 1 A UNIT #402
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE STD ☒ Delete
NAME RAY, BONNIE L
STREET ADDRESS 1395 A 1 A UNIT #402
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME Little, ANDY
STREET ADDRESS 1845 N. Highway A1A #402
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE VD ☐ Change ☒ Addition
NAME McHenry, MAC
STREET ADDRESS 1845 N. Highway A1A #502
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE SD ☐ Change ☒ Addition
NAME BAKER, Ruby
STREET ADDRESS 1845 N. Highway A1A #203
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE TD ☐ Change ☒ Addition
NAME Block, Susan
STREET ADDRESS 1845 N. Hwy A1A #501
CITY-ST-ZIP INDIALANTIC, FL 32903

TITLE D ☐ Change ☒ Addition
NAME Shuler, Linda
STREET ADDRESS 1835 N. Hwy A1A #601
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)