

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90213 039 ****61.25

DOCUMENT # N98000001250

1. Entity Name
THE BARRINGER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1845 N HWY A1A
INDIALANTIC, FL 32903**

Mailing Address
**1845 N HWY A1A
INDIALANTIC, FL 32903**

94073612



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03232004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3494629

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPACE COAST PROPERTY MANAGEMENT
1617 COOLING AVE
#703
INDIALANTIC, FL 32903**

Name
SPACE COAST PROPERTY MANAGEMENT
Street Address (P.O. Box Number is Not Acceptable)
1617 COOLING AVENUE
City
MELBOURNE FL Zip Code
32935

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

Cynthia Marrs
Signature: typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

4/29/04

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
SHULER, BEN
1835 N HIGHWAY A1A 6015
INDIALANTIC, FL 32903 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
JOHN THOMPSON
1835 N. HWY. A1A #500N
INDIALANTIC, FL 32903 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
SHULER, BEN
1835 N. HIGHWAY A1A 6015
INDIALANTIC, FL 32903 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
LORDI, BARBARA
1845 N. HIGHWAY A1A 303N
INDIALANTIC, FL 32903 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
MILLER, DON
445 PERCE AVE
MACON, GA 31204 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
RICH COLLIER
1835 N. HWY. A1A # 300N
INDIALANTIC, FL 32903 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PEARSON, LARRY
2481 GRAMERCY PARK CIRCLE
DULUTH, GA 30097 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DON-MILLER
445 PERCE AVENUE
MACON, GA 31204 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JOHN PEARSON
1835 N. HWY. A1A # 200N
INDIALANTIC, FL 32903 ☐ Change ☒ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 Apr 04 321.951.5333
Date Daytime Phone #