

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001250

FILED  
Feb 23, 2009  
Secretary of State

**Entity Name:** THE BARRINGER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1845 N HWY A1A  
INDIALANTIC, FL 32903

**New Principal Place of Business:**

**Current Mailing Address:**

1845 N HWY A1A  
INDIALANTIC, FL 32903

**New Mailing Address:**

**FEI Number:** 59-3494629

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEPENDABLE PROPERTY MANAGEMENT LLC  
1300 PINETREE DRIVE  
SUITE 9  
INDIAN HARBOUR BEACH, FL 32937 US

**Name and Address of New Registered Agent:**

SERVICE PLUS PROPERTY MGMT, LLC  
222 SURF ROAD  
MELBOURNE BEACH, FL 32951 US

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: JAMES D. MACY

02/23/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: THOMSON, JOHN  
Address: 1845 NORTH HWY A1A #502A  
City-St-Zip: INDIALANTIC, FL 32903

Title: VPS ( ) Delete  
Name: SHULER, BEN  
Address: 1835 N. HIGHWAY A1A 6015  
City-St-Zip: INDIALANTIC, FL 32903

Title: P ( ) Delete  
Name: CAVANAGH, DANIEL J  
Address: 1845 NORTH HWY A1A #503  
City-St-Zip: INDIALANTIC, FL 32903

Title: D (X) Delete  
Name: BROWN, CHARLIE  
Address: 1845 NORTH HWY A1A #403  
City-St-Zip: INDIALANTIC, FL 32903

Title: S ( ) Delete  
Name: GUARINO, RAY  
Address: 1845 N HWY A1A 402N  
City-St-Zip: INDIALANTIC, FL 32903

**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:

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: RAY GUARINO

S

02/23/2009

Electronic Signature of Signing Officer or Director

Date