FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Morinam

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

N97000003728 (9)

THE BARBER CENTER CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 4902 HIDDEN OAKS TRAIL 4902 HIDDEN OAKS TRAIL 3. Date Incorporated or Qualified SARASOTA FL 34232 SARASOTA FL 34232 06/27/1997 4. FEI Number 65 0816339 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 479 INTERSTATE CT 479 INTERSTATE CT. Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be Election Campaign Financing Trust Fund Contribution Added to Fees 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? SALASTA SANASOTA Yes No Country Country This corporation owes or has paid the current year Intangible 34240 Personal Property Tax due June 30. ☐ Yes 25 29 Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name Saba, Richard D R2 Street Address (P.O. Box Number is Not Acceptable) 2033 MAIN 8T. STE. 303 83 SARASOTA FL 34237 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 Signature, typed or printed name of registered agent and title II applicable. (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change DELETE 1.1 TITLE Addition TITLE ezsivan T NAME WYATT, JERRY R 1.2 NAME **49**02 HIDDEN OAKS TRAIL 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34232 1.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE WYATT, CAROLE V NAME 2.2 NAME **49**02 HIDDEN OAKS TRAIL STREET ADDRESS 2.3 STREET ADDRESS SARASOTA FL 34232 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE GREENFIELD, STEVEN E 3.2 NAME NAME **49**02 HIDDEN OAKS TRAIL 3.3 STREET ADDRESS STREET ADDRESS **Sa**rasota FL 34232

ンチン32 CITY-ST-ZIP 6.4 City-St-ZiP 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 a attachment with an address.

3.4. CITY-ST-ZIP

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SAK CIRCLE

CICNATUDE:

JY37 BRIAK

RABERT J. WHATT

SHARW WYATT

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Jun 25 1998 8:00am

Secretary of State

(10/97 CR2E037