

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # J81304**

1. Entity Name  
**BARRINGTON SOUTH REALTY CORP.**



Principal Place of Business  
**727 BIRDIE VIEW POINT  
SANIBEL ISLAND, FL 33957 US**

Mailing Address  
**C/O KAREN G DELPONTE, ESQ  
56 EXCHANGE TERRACE  
PROVIDENCE, RI 02903 US**



01202004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2829708**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**NOAH, DENIS ESQ  
HENDERSON, FRANKLIN, STARNES & HOLT, P.A.  
1715 MONROE STREET  
FORT MYERS, FL 33901**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PTD
NAME	SURIANI, LEWIS J.
STREET ADDRESS	727 BIRDIE VIEW POINT
CITY-ST-ZIP	SANIBEL ISLAND, FL 33957
TITLE	VSD
NAME	ROSEMARY SURJANI
STREET ADDRESS	727 BIRDIE VIEW POINT
CITY-ST-ZIP	SANIBEL ISLAND, FL 33957
TITLE	AT
NAME	SURIANI, CATHERINE
STREET ADDRESS	727 BIRDIE VIEW POINT
CITY-ST-ZIP	SANIBEL ISLAND, FL 33957
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/23/04-80109-011 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, and the receiver or trustee empowered to execute this report as required by Chapter 607, 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

Date

Daytime Phone #