

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003728

FILED
Apr 10, 2004
Secretary of State

Entity Name: THE BARBER CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1965 BARBER RD
SARASOTA, FL 34240 US

New Principal Place of Business:

Current Mailing Address:

1965 BARBER RD
SARASOTA, FL 34240 US

New Mailing Address:

FEI Number: 65-0816339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EISS, DENNIS H
4447 MEADOW CREEK CIRCLE
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: EISS, DENNIS
Address: 1961 BARBER RD
City-St-Zip: SARASOTA, FL 34240

Title: T () Delete
Name: ELIZABETH, EISS
Address: 1961 BARBER RD
City-St-Zip: SARASOTA, FL 34240

Title: VP () Delete
Name: PERRY, JAY
Address: 1935 BARBER RD
City-St-Zip: SARASOTA, FL 34240

Title: D () Delete
Name: BINNS, TOM
Address: 1953 BARBER RD
City-St-Zip: SARASOTA, FL 34240

Title: D () Delete
Name: EVERSON, RICHARD
Address: 1933 BARBER RD
City-St-Zip: SARASOTA, FL 34240

Title: S () Delete
Name: KAREN, LAMONTE
Address: 1947 BARBER RD
City-St-Zip: SARASOTA, FL 34240

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DENNIS H EISS

P

04/10/2004

Electronic Signature of Signing Officer or Director

Date