

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 724447

**FILED**  
**Feb 13, 2018**  
**Secretary of State**  
**CC3210550675**

**Entity Name:** THE BARCLAY, INC.

**Current Principal Place of Business:**

3546 S. OCEAN BLVD.  
S. PALM BEACH, FL 33480

**Current Mailing Address:**

3546 S. OCEAN BLVD.  
PALM BEACH, FL 33480

**FEI Number:** 59-1637902

**Certificate of Status Desired:** No

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

BECKER & POLIAKOFF, P.A.  
625 N FLAGLER DR  
7TH FLOOR  
WEST PALM BEACH, FL 33401 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           NOLLETTI, JIM  
Address        3546 S. OCEAN BLVD.  
City-State-Zip: S. PALM BEACH FL 33480

Title           VP, TREASURER  
Name           KATZ, DAVID  
Address        3546 S. OCEAN BLVD.  
City-State-Zip: S. PALM BEACH FL 33480

Title           SECRETARY  
Name           BALDIZZONE, WILLIAM  
Address        3546 S. OCEAN BLVD.  
City-State-Zip: S. PALM BEACH FL 33480

Title           DIRECTOR  
Name           ETTINGER, STEVEN  
Address        3546 S. OCEAN BLVD.  
City-State-Zip: S. PALM BEACH FL 33480

Title           DIRECTOR  
Name           DEMARCO, GENE  
Address        3546 S. OCEAN BLVD.  
City-State-Zip: S. PALM BEACH FL 33480

Title           DIRECTOR  
Name           GUSSIN, MARK  
Address        3546 S. OCEAN BLVD.  
City-State-Zip: S. PALM BEACH FL 33480

Title           DIRECTOR  
Name           LYNCH, NOEL  
Address        3546 S. OCEAN BLVD.  
City-State-Zip: S. PALM BEACH FL 33480

*I hereby 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 all other like empowered.*

**SIGNATURE:** JIM NOLLETTI

**PRESIDENT**

**02/13/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date