

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726193

Entity Name: BARKELEY SQUARE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O CAPITOL ASSOCIATION MANAGEMENT
4531 DELEON STREET SUITE 211
FT. MYERS, FL 33907

Current Mailing Address:

C/O CAPITOL ASSOCIATION MANAGEMENT
4531 DELEON STREET SUITE 211
FT. MYERS, FL 33907 US

FEI Number: 59-1477525

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAPITOL ASSOCIATION MANAGEMENT, INC.
4531 DELEON STREET
SUITE 211
FORT MYERS, FL 33907 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: CARLOS RAMIREZ

04/30/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SD
Name DISHMAN, BETTY
Address 4531 DELEON STREET
SUITE 211
City-State-Zip: FORT MYERS FL 33907

Title PD
Name POTAKI, JOHN
Address 4531 DELEON STREET
SUITE 211
City-State-Zip: FORT MYERS FL 33907

Title TD
Name MCBETH, ROGER
Address 4531 DELEON STREET
SUITE 211
City-State-Zip: FORT MYERS FL 33907

Title D
Name JOHNSON, NATALIE
Address 4531 DELEON STREET
SUITE 211
City-State-Zip: FORT MYERS FL 33907

Title VP
Name XANTHOPOULOS, PHIL
Address 4531 DELEON STREET
SUITE 211
City-State-Zip: FT. MYERS FL 33907

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: JOHN POTAKI

PRES

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date