

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737880

**FILED  
Apr 22, 2014  
Secretary of State  
CC0350342928**

**Entity Name:** BARCLAY WOODS HOMEOWNERS ASSOC., INC.

**Current Principal Place of Business:**

503 ARVERN COURT  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

503 ARVERN COURT  
ALTAMONTE SPRINGS, FL 32701 US

**FEI Number: 59-1751099**

**Certificate of Status Desired: No**

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

HOOVER, PAT  
503 ARVERN CT  
ALTAMONTE SPRINGS, FL 32701 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 TD  
Name HOOVER, PAT  
Address 503 ARVERN CT  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title PD  
Name MCPHERSON, MISTY  
Address 511 ARVERN CT  
City-State-Zip: ALTAMONTE SPRGS FL 32701

Title D  
Name HUMMEL, MISSY  
Address 507 ARVEN CT  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title SD  
Name ANN, BOUY  
Address 623 ARVERN DRIVE  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title VD  
Name LAMBE, TESSA  
Address 318 BARCLAY AVE  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

*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: PATRICIA HOOVER**

**TREASURER**

**04/22/2014**

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

\_\_\_\_\_  
Date