

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737880

**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:** PAT HOOVER**TREASURER****03/23/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date