

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766701

**Entity Name:** BARRINGTON OAKS EAST HOMEOWNERS ASSOCIATION, INC.**FILED**  
**Apr 16, 2021**  
**Secretary of State**  
**5561461864CC****Current Principal Place of Business:**C/O WEST COAST MANAGEMENT AND REALTY  
4917 EHRLICH ROAD STE 104  
TAMPA, FL 33624**Current Mailing Address:**C/O WEST COAST MANAGEMENT AND REALTY  
4917 EHRLICH ROAD STE 104  
TAMPA, FL 33624 US**FEI Number:** 59-2440030**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCELHERAN, TIFFANY LOVE ESQ.  
C/O MARTINEZ LAW, P.A.  
2818 CYPRESS RIDGE BLVD STE 230  
WESLEY CHAPEL, FL 33544 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:** TIFFANY L MCELHERAN

04/16/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DP
Name	KUNSELMAN, JOSH
Address	C/O WEST COAST MANAGEMENT AND REALTY 4917 EHRLICH ROAD STE 104
City-State-Zip:	TAMPA FL 33624

Title	VP, DIRECTOR
Name	WOLFE, MERINDA
Address	C/O WEST COAST MANAGEMENT AND REALTY 4917 EHRLICH ROAD STE 104
City-State-Zip:	TAMPA FL 33624

Title	DS
Name	NEAL, KATHERINE
Address	C/O WEST COAST MANAGEMENT AND REALTY 4917 EHRLICH ROAD STE 104
City-State-Zip:	TAMPA FL 33624

Title	T
Name	SPIKER, ELIZABETH E
Address	C/O WEST COAST MANAGEMENT AND REALTY 4917 EHRLICH ROAD STE 104
City-State-Zip:	TAMPA FL 33624

Title	DIRECTOR
Name	SUGAR, MICHAEL
Address	C/O WEST COAST MANAGEMENT AND REALTY 4917 EHRLICH ROAD STE 104
City-State-Zip:	TAMPA FL 33624

Title	D
Name	GROUND, KELLY
Address	C/O WEST COAST MANAGEMENT AND REALTY 4917 EHRLICH ROAD STE 104
City-State-Zip:	TAMPA FL 33624

*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:** ELIZABETH SPIKER**TREASURER**

04/16/2021

Electronic Signature of Signing Officer/Director Detail

Date