

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000005969

**Entity Name:** BARRINGTON HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

7709 GIBSONTON DR.  
GIBSONTON, FL 33534

**FILED**  
**Mar 31, 2023**  
**Secretary of State**  
**7652104692CC**

**Current Mailing Address:**

P.O BOX 2878  
RIVERVIEW, FL 33568 US

**FEI Number: 01-0604383**

**Certificate of Status Desired: No**

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

UNIQUE PROPERTY SERVICES INC.  
7709 GIBSONTON DR.  
GIBSONTON, FL 33534 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           TREASURER, SECRETARY  
Name           EMMONS, HARLEY  
Address        9414 BARRINGTON OAKS DR  
City-State-Zip: DOVER FL 33527

Title           MANAGER  
Name           MALLORY, CORINNE  
Address        P.O BOX 2878  
City-State-Zip: RIVERVIEW FL 33568

Title           PRESIDENT  
Name           JACOBS, DENNY  
Address        9206 BARRINGTON OAKS DR  
City-State-Zip: DOVER FL 33527

Title           DIRECTOR  
Name           JARVIS, GARY  
Address        9306 BARRINGTON OAKS DR  
City-State-Zip: DOVER FL 33527

*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: MALLORY CORINNE**

**MANAGER**

**03/31/2023**

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

\_\_\_\_\_  
Date