

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

DOCUMENT# N01000005969

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

**FILED**  
**Apr 15, 2015**  
**Secretary of State**  
**CC5360665765**

**Current Principal Place of Business:**

1207 N HIMES AVE  
SUITE 3  
TAMPA, FL 33607

**Current Mailing Address:**

1207 N. HIMES AVE.  
SUITE 3  
TAMPA, FL 33607

**FEI Number: 01-0604383**

**Certificate of Status Desired: No**

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

UNIQUE PROPERTY SERVICES INC.  
1207 N. HIMES AVE,  
SUITE 3  
TAMPA, FL 33607 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 PD  
Name SKOLNIK, NANNETTE  
Address 7110 MUCK POND ROAD  
City-State-Zip: DOVER FL 33527

Title TSD  
Name ZEIGLER, BRENDA  
Address 9303 BARRINGTON OAKS  
City-State-Zip: DOVER FL 33527

Title DIRECTOR  
Name WEAVER, JENNIFER  
Address 9421 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: NANNETTE SKOLNIK**

**PRESIDENT**

**04/15/2015**

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

\_\_\_\_\_  
Date