

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000005969

**FILED**  
**Jan 22, 2020**  
**Secretary of State**  
**3782847496CC**

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

**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 DIRECTOR  
Name WRIGHT, SANDRA  
Address 9410 BARRINGTON OAKS DR  
City-State-Zip: DOVER FL 33527

Title PRESIDENT  
Name EMMONS, HARLEY  
Address 9414 BARRINGTON OAKS DR  
City-State-Zip: DOVER FL 33527

Title MANAGER  
Name ALVAREZ, WILLIAM  
Address 1207 N HIMES AVE  
STE.3  
City-State-Zip: TAMPA FL 33607

Title TREASURER  
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

Title SECRETARY  
Name DIXON, SHAWNA  
Address 9335 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: WILLIAM ALVAREZ**

**MANAGER**

**01/22/2020**

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

\_\_\_\_\_  
Date