


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90079 003 \*\*\*\*61.25  
05-09-2007 90097 042 \*\*\*\*61.25

<b>DOCUMENT # 708339</b>	
<b>1. Entity Name</b> BARTON HOUSE SOUTH CONDOMINIUM, INC.	

<b>Principal Place of Business</b> 735 RIDGE RD, BOX 8 LANTANA FL 33462	<b>Mailing Address</b> 6840 NW 81 PLACE TAMARAC FL 33321
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<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>City &amp; State</b>	<b>City &amp; State</b>
<b>Zip</b>	<b>Country</b>

1st MOORE CR2E037 (10/06)

<b>4. FEI Number</b> 59-1061658	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Name and Address of Current Registered Agent</b>  WILLIAM, VIVIENE L 6840 NW 81 PLACE TAMARAC FL 33321	
<b>7. Name and Address of New Registered Agent</b> Name: STEPHENSON VIVIENE L Street Address (P.O. Box Number is Not Acceptable): 6840 NW 81 Place City: TAMARAC FL Zip Code: 33321	

**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting)  
Signature, typed or printed name of registered agent and title if applicable. DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> PD <b>NAME</b> WILLIAM, VINENE L <b>STREET ADDRESS</b> 6840 NW 81 PLACE <b>CITY-ST-ZIP</b> TAMARAC FL 33321	<input type="checkbox"/> Delete	<b>TITLE</b> PD <b>NAME</b> STEPHENSON VIVIENE L <b>STREET ADDRESS</b> 6840 NW 81 PLACE <b>CITY-ST-ZIP</b> TAMARAC FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VD <b>NAME</b> MCCATTY-SPENCE, SYBLE V <b>STREET ADDRESS</b> 1727 BRAOBURN PL <b>CITY-ST-ZIP</b> WELLINGTON FL 33414-5905	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> S <b>NAME</b> DONNOVAN, BRYAN <b>STREET ADDRESS</b> 6840 NW 81 PLACE <b>CITY-ST-ZIP</b> TAMARAC FL 33321	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> LEENA CHARRON <b>STREET ADDRESS</b> 735 RIDGE ROAD #4 <b>CITY-ST-ZIP</b> LANTANA FL	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> CD <b>NAME</b> CHARRON, RON <b>STREET ADDRESS</b> 735 RIDGE ROAD <b>CITY-ST-ZIP</b> LANTANA FL 33462	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> TM <b>NAME</b> VIVIENEL, WILLIAMS B <b>STREET ADDRESS</b> 6840 NW 81 PL <b>CITY-ST-ZIP</b> TAMARAC FL 33321	<input type="checkbox"/> Delete	<b>TITLE</b> TM <b>NAME</b> STEPHENSON VIVIENE L <b>STREET ADDRESS</b> 6840 NW 81 Place <b>CITY-ST-ZIP</b> TAMARAC FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Vivienne L Stephenson 4/25/07 - 7543686062  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #