

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708339

FILED
Feb 22, 2009
Secretary of State

Entity Name: BARTON HOUSE SOUTH CONDOMINIUM, INC.

Current Principal Place of Business:

735 RIDGE RD, BOX 8
LANTANA, FL 33462

New Principal Place of Business:

Current Mailing Address:

6840 NW 81 PLACE
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 59-1061658

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIVIENE, STEPHENSON L
6840 NW 81 PLACE
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STEPHENSON, VIVIENE L
Address: 6840 NW 81 PLACE
City-St-Zip: TAMARAC, FL 33321

Title: VD () Delete
Name: MCCATTY-SPENCE, SYBLE V
Address: 1727 BRAOBURN PL
City-St-Zip: WELLINGTON, FL 334145905

Title: S () Delete
Name: DONNOVAN, BRYAN
Address: 6840 NW 81 PLACE
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: LEENA CHARRON,
Address: 735 RIDGE ROAD #4
City-St-Zip: LANTANA, FL

Title: CD () Delete
Name: CHARRON, RON
Address: 735 RIDGE ROAD
City-St-Zip: LANTANA, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: VIVIENE L. STEPHENSON

PD

02/22/2009

Electronic Signature of Signing Officer or Director

Date