

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 06, 1998 8:00 am  
Secretary of State

DOCUMENT # 720157 (7)  
1. Corporation Name

BARCLEY ESTATES CONDOMINIUM ONE, INC.



Principal Place of Business: 8651 10TH STREET NORTH, ST. PETERSBURG FL 33702  
Mailing Address: 7601 9TH ST N SUITE C, ST. PETERSBURG FL 33702-5200 US

3. Date Incorporated or Qualified: 02/01/1971  
4. FEI Number: 59-1540785  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association? Yes No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24)  
2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent  
TYLER SHIRLEY A EA  
C/O T.A.B.S.  
7601 9 ST N S-C  
ST PETERSBURG FL 33702

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE: VD	<input type="checkbox"/> DELETE
NAME: SUZANNE BARRON	
STREET ADDRESS: 8651 10TH STREET, N #108	
CITY-ST-ZIP: ST. PETERSBURG FL	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: MULHOLLAND, MARY	
STREET ADDRESS: 8651 10TH ST. N #130	
CITY-ST-ZIP: ST PETERSBURG FL	
TITLE: SD	<input checked="" type="checkbox"/> DELETE
NAME: SOUTH, EDNA	
STREET ADDRESS: 8651 10TH ST N #130	
CITY-ST-ZIP: ST PETERSBURG FL	
TITLE: PD	<input checked="" type="checkbox"/> DELETE
NAME: NED HAYES	
STREET ADDRESS: 8651 10TH STREET, N. #202	
CITY-ST-ZIP: ST. PETERSBURG FL	
TITLE: TD	<input checked="" type="checkbox"/> DELETE
NAME: POLOCHAK, AGNES	
STREET ADDRESS: 8651 10 ST N 204	
CITY-ST-ZIP: ST PETERBURG FL	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME:	
1.3 STREET ADDRESS:	
1.4 CITY-ST-ZIP:	
2.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME: RUTH REAUME	
2.3 STREET ADDRESS: 8651 10TH ST. N. #128	
2.4 CITY-ST-ZIP: ST. PETERSBURG, FL. 33702	
3.1 TITLE: SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME: BARBARA KNIGHT	
3.3 STREET ADDRESS: 8651 10TH ST. N. #210	
3.4 CITY-ST-ZIP: ST. PETERSBURG, FL 33702	
4.1 TITLE: PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME: SANDRA PRANDY	
4.3 STREET ADDRESS: 8651 10TH ST. N. 212	
4.4 CITY-ST-ZIP: ST. PETERSBURG, FL. 33702	
5.1 TITLE: VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME: SOFYA YURZEL	
5.3 STREET ADDRESS: 8651 10TH ST. N. #112	
5.4 CITY-ST-ZIP: ST. PETERSBURG, FL 33702	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-ST-ZIP:	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 4-28-98 DAYTIME PHONE: 813-528-8633

CR2E037 (10/97)