

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90174 005 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                              |                                                                                                                     |                                                                                                     |                                                                                                                                                                                                                                          |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 720157</b><br>1. Entity Name<br><b>BARCLEY ESTATES CONDOMINIUM ONE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                              |                                                                                                                     |                                                                                                     |                                                                                                                                                                                                                                          |  |
| Principal Place of Business<br><b>8651 10TH STREET NORTH<br/>ST. PETERSBURG, FL 33702</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                              |                                                                                                                     | Mailing Address<br><b>CB REGISTER, CPA<br/>710 94TH AVE NORTH<br/>SAINT PETERSBURG, FL 33702 US</b> |                                                                                                                                                                                                                                          |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                              | 3. Mailing Address<br><b>2880 Scherer Dr. N.<br/># 840</b><br>Suite, Apt. #, etc.                                   |                                                                                                     |                                                                                                                                                                                                                                          |  |
| City & State<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                              | City & State<br><b>St. Petersburg, FL</b>                                                                           |                                                                                                     | 4. FEI Number<br><b>59-1540785</b>                                                                                                                                                                                                       |  |
| Zip<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                                                                                                      | Zip<br><b>33716</b>                                                                                                 | Country                                                                                             | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                          |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MORELL, CYNTHIA<br/>8651 10TH STREET N<br/># 110<br/>ST PETERSBURG, FL 33702</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                              |                                                                                                                     |                                                                                                     | 7. Name and Address of New Registered Agent<br>Name <b>Becker &amp; Poliakoff, P.A.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2401 West Bay Dr.</b><br><b># 414</b><br>City <b>Largo, FL</b> Zip Code <b>33770</b> |  |
| 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.<br><br>SIGNATURE <i>Ellen Hirsch de Haan</i><br><b>ELLEN HIRSCH de HAAN, J.D., FOR THE FIRM</b>                                                                                                                                                                                                                                                                                                                     |                                                                                                              |                                                                                                                     |                                                                                                     |                                                                                                                                                                                                                                          |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                              | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                     |                                                                                                                                                                                                                                          |  |
| <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                              |                                                                                                                     |                                                                                                     |                                                                                                                                                                                                                                          |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                              |                                                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                        |                                                                                                                                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>O</b><br><b>MORELL, CYNTHIA</b><br><b>8651-10TH ST N #112</b><br><b>SAINT PETERSBURG, FL 33702</b>        |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                      | <b>President</b><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>V</b><br><b>BRIMACOMBE, KATHY</b><br><b>8651 10TH STREET N # 202</b><br><b>SAINT PETERSBURG, FL 33702</b> |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                      | <b>Secretary</b><br><b>Bob Doucette</b><br><b>8651-10th St. N. # 120</b><br><b>St. Petersburg, FL 33702</b><br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>T</b><br><b>DUKE, DON</b><br><b>8651 10TH STREET N # 232</b><br><b>SAINT PETERSBURG, FL 33702</b>         |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                      | <b>Director - At-Large</b><br><b>Ruth Spitzer</b><br><b>8651-10th St. N # 220</b><br><b>St. Petersburg, FL 33702</b><br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                              |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                              |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                              |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                        |  |
| 12. 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 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: <i>Cynthia Morell</i> <b>Cynthia Morell</b> 4-27-05 568-0122<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                              |                                                                                                                     |                                                                                                     |                                                                                                                                                                                                                                          |  |