


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90033 031 \*\*\*\*61.25

<b>DOCUMENT # 720157</b> 1. Entity Name <b>BARCLEY ESTATES CONDOMINIUM ONE, INC.</b>					
Principal Place of Business 8651 10TH ST N SAINT PETERSBURG, FL 33702			Mailing Address 146 2ND STN 202 SAINT PETERSBURG, FL 33701 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
4. FEI Number <b>59-1540785</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>AMG</b> <b>146 2ND ST N #202</b> <b>SAINT PETERSBURG, FL 33701</b>			7. Name and Address of New Registered Agent Name <b>JERRY L. HUMPHREY</b> Street Address (P.O. Box Number is Not Acceptable) <b>6900 ULMERTON RD.</b> City <b>LARGO</b> <b>FL</b> Zip Code <b>33771</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.  SIGNATURE <u><i>Jerry L. Humphrey (Manager)</i></u> DATE <u>5/12/08</u> <small>(Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	PRES.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAVARRO, FRANK		NAME	SUZANNE SERGIO	
STREET ADDRESS	8651 10 ST NE #202		STREET ADDRESS	8651 10 ST. N.E. #236	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702		CITY-ST-ZIP	SAINT PETERSBURG, FL 33702	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	V. P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EICHMAN, JERRY		NAME	BERNADETTE WHALEY	
STREET ADDRESS	2001 TRAILCREST LN #2		STREET ADDRESS	8651 10 ST. N.E. # 208	
CITY-ST-ZIP	SAINT LOUIS, MO 63122		CITY-ST-ZIP	SAINT PETERSBURG, FL 33702	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SEC/TREAS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLATANIA, VINCENT		NAME	PAT MOWER	
STREET ADDRESS	8651 10 ST N #234		STREET ADDRESS	8651 10 ST. N.E. # 228	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702		CITY-ST-ZIP	SAINT PETERSBURG, FL 33702	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	DIR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERGIO, SUZANNE		NAME	AUDREY KAIRUKSTIS	
STREET ADDRESS	865 10TH ST NORTH #236		STREET ADDRESS	8651 10TH ST. N.E. #122	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702		CITY-ST-ZIP	SAINT PETERSBURG, FL 33702	
TITLE		<input type="checkbox"/> Delete	TITLE	DIR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	VINCENT PLATANIA	
STREET ADDRESS			STREET ADDRESS	8651 10TH ST. N.E. # 234	
CITY-ST-ZIP			CITY-ST-ZIP	SAINT PETERSBURG, FL 33702	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Jerry L. Humphrey</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>5/12/08</u> Daytime Phone # <u>727-517-5776</u>		