


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90203 023 \*\*\*\*61.25

<b>DOCUMENT # 746519</b>					
<b>1. Entity Name</b> BARCLEY ESTATES CONDOMINIUM NO. 2 ASSOCIATION, INC.					
<b>Principal Place of Business</b> 8710 DR MLKING ST N ST PETERSBURG, FL 33702 US			<b>Mailing Address</b> 8710 DR MLKING ST N ST PETERSBURG, FL 33702 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> To <i>SERLING MGMT SERVICES</i> Suite, Apt. #, etc. 2870 SCHERER DR # 100			
Suite, Apt. #, etc.		City & State ST. PETERSBURG FL.			
City & State		Zip 33716		Country PINELLAS	
Zip		Country		<b>4. FEI Number</b> 59-2028363	
<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>  MUENGER, HEIDI A MRS 8710 DR M L KING ST N ST PETERSBURG, FL 33702			<b>7. Name and Address of New Registered Agent</b> Name <i>JOSEPH A CIANFONE P.A.</i> Street Address (P.O. Box Number is Not Acceptable) 1964 BAYSHORE BLVD. City <i>DUNEDIN</i> <b>FL</b> Zip Code <i>34698</i>		
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 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 Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MUENGER, HEIDI A MRS 8710 DR MLKING ST N SAINT PETERSBURG, FL 33702 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mills, Tommy 8760 Dr. MLKING ST. N. Saint Petersburg, FL 33702 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, LINDA 8720 DR. MLKING ST. N SAINT PETERSBURG, FL 33702 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CROCKETT, DOROTHY 8750 DR MLKING ST N SAINT PETERSBURG, FL 33702 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, NANCY ANN 8700 DR MLKING ST N SAINT PETERSBURG, FL 33702 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Heidi A. Mueger</i>			Date <i>4-9-07</i> Daytime Phone # <i>727-424-6382</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					