

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90007 041 ****61.25

DOCUMENT # 746519 1. Entity Name BARCLEY ESTATES CONDOMINIUM NO. 2 ASSOCIATION, INC.					
Principal Place of Business 8710 DR MLKING ST N ST PETERSBURG, FL 33702 US			Mailing Address STERLING MGMT SERVICES 2870 SCHERER DR. SUITE 100 SAINT PETERSBURG, FL 33716 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	4. FEI Number 59-2028363	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLANFRONE, JOSEPH A PA 1964 BAYSHORE BLVD DUNEDIN, FL 34698			7. Name and Address of New Registered Agent Name <u>Wetherington Hamilton + Harris</u> Street Address (P.O. Box Number is Not Acceptable) <u>1010 N. Florida Ave.</u> City <u>Tampa</u> FL <u>33602</u>		
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>Ronald E. Cotton</u> DATE: <u>2-8-08</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MUENGER, HEIDI A MRS 8710 DR MLKING ST N SAINT PETERSBURG, FL 33702	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Charles Muenger 2870 Scherer Dr, #100 St. Petersburg, FL 33716	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CROCKETT, DOROTHY 8750 DR MLKING ST N SAINT PETERSBURG, FL 33702	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Matthew Thomas 2870 Scherer Dr, #100 St. Petersburg, FL 33716	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, TOMMY 8760 DR. MLK STREET NORTH SAINT PETERSBURG, FL 33702	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Linda Gomez 2870 Scherer Dr, #100 St. Petersburg, FL 33716	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	(Empty row for additions/changes)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	(Empty row for additions/changes)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	(Empty row for additions/changes)		
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>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			CHAIRMAN <u>5-11-08</u> <u>2-5-08</u> <u>777 573-1799</u> Date Daytime Phone #		