## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

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## Apr 12, 2005 8:00 am Secretary of State **DOCUMENT # 754223** 1. Entity Name 04-12-2005 90140 028 \*\*\*\*61.25 BARWOOD ESTATES HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 1215 E. HILLSBORO BLVD. DEERFIELD BCH FL 33441 1215 E. HILLSBORO BLVD. DEERFIELD BCH FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State Applied For City & State 4. FEI Number 59-2251740 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAMPBELL, WILLIAM III 1215 E HILLSBORO BLVD. Street Address (P.O. Box Number is Not Acceptable) DEERFIELD BCH FL,33441 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE Operator de la compaña de la c Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD Delete TITLE ☐ Change Addition TITLE KLAGER, LIZABETH NAME 8795 SW 16TH ST STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY+ST-ZIP CITY-ST-ZIP D TITLE ☐ Delete TITLE ☐ Change ☐ Addition BUZZELLI, DENISE NAME 8890 S.W. 16 DR. STREET ADDRESS STREET ADDRESS BOCA RATON FL 33433 CITY-ST-ZIP CITY-ST-ZIP Detete HILE -~ П Спалие □ Addition LYNCH, MELODY NAME NAME 22956 SW 56 AVE STREET ADDRESS STREET ADDRESS BOCA RATON FL 33433 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MCDERMOTT, HELEN NAME NAME 23111 SW 53RD AVE STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change Addition THILE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 tlustee 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.

OF SIGNING PIT CER OR DIRECTOR