## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 18, 2005 08:00 AM **DOCUMENT #755213 Secretary of State** 1. Entity Name BARBER STREET PLAZA ASSOCIATION, INC. Mailing Address Principal Place of Business 1327 NORTH CENTRAL AVENUE 1327 NORTH CENTRAL AVENUE SEBASTIAN, FL 32958 SEBASTIAN, FL 32958 01202005 No Chg-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4, FEI Number 59-2210626 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VAN DE VOORDE, RENE G. DO NOT WRITE 1327 NORTH CENTRAL AVENUE SEBASTIAN, FL 32958 IN THIS SPACE 5. 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Due by May 1, 2005 OFFICERS AND DIRECTORS 10. .T., 14 22:--יו חוד BALLOUGH, CAROLE NAME 1B00Hr295154 STREET ADDRESS 955 STARFLOWER U2/18/05-80049-008 61.25 CITY-ST-71P SEBASTIAN, FL 32958 TITLE NAME VAN DE VOORDE, RENE G. STREET ADDRESS 12450 ROSELAND RD. CITY-ST-ZIP SEBASTIAN, FL ППЕ NAME IHNEN, LINDA STREET ADDRESS 945 FELLSMERE HIGHWAY DO NOT WRITE CITY-ST-ZIP SEBASTIAN, FL IN THIS SPACE D NAME MURDOCK, RUSSELL STREET ADDRESS 1319 BARBER ST CITY-ST-ZIP SEBASTIAN, FL 32958 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby 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.

STREET ADDRESS CITY-ST-ZIP

772-584 4353

Daytime Phone #