2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755285

FILED Feb 17, 2009 Secretary of State

Entity Name: BARCLAYS ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

C/O GUARANTEE MANAGEMENT SERVICES

6925 NW 42ND ST. MIAMI, FL 331666820 C/O GUARANTEE MANAGEMENT SERVICES

6925 NW 42ND ST.

MIAMI, FL 33166

Current Mailing Address:

New Mailing Address:

C/O GUARANTEE MANAGEMENT SERVICES

6925 NW 42ND ST. MIAMI, FL 331666820

C/O GUARANTEE MANAGEMENT SERVICES 6925 NW 42ND ST.

MIAMI, FL 33166

FEI Number: 59-2430087

FEIN, STEVE ESQ

PLANTATION, FL 33317

in the State of Florida.

900 SOUTH SR 7

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

US

Name and Address of New Registered Agent:

FEIN, STEVEN ESQ

900 SOUTH SR 7

US PLANTATION, FL 33317

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

SIGNATURE: STEVEN FEIN

02/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete

BAEZ, EDWARD Name: 8320 SW 148 PLACE Address:

City-St-Zip: MIAMI, FL 33193

Title: () Delete

ABREU, ROLANDO Name: Address: 8360 SW 148 PLACE City-St-Zip: MIAMI, FL 33193

Title: () Delete RODRIGUEZ, MARCOS L Name:

Address: 8310 SW 148 PL City-St-Zip: MIAMI, FL 33193 (X) Change () Addition

Name: BAEZ, EDWARD Address: 8320 SW 148 PLACE City-St-Zip: MIAMI, FL 33193

Title: () Change () Addition

Name: Address: City-St-Zip:

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD BAEZ DP 02/17/2009