

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90353 002 ****61.25

60029349



04032006 Chg-NP CR2E037 (11/05)

DOCUMENT # 756919 1. Entity Name BARRINGTON WOODS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 310 PEARL AVE SARASOTA, FL 34234 US			Mailing Address 310 PEARL AVE SARASOTA, FL 34234 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2346102	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DELLCOR MANAGEMENT, INC. 310 PEARL AVE SARASOTA, FL 34243			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KROLL, LOUISE		NAME	KROLL, LOUISE	
STREET ADDRESS	5080 BARRINGTON CIR		STREET ADDRESS	5080 BARRINGTON CIR.	
CITY-ST-ZIP	SARASOTA, FL 34234		CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SWANSON, DEBORAH		NAME	SEC. NORA O'CONNOR	
STREET ADDRESS	5045 BARRINGTON CIR		STREET ADDRESS	5056 BARRINGTON CIR SARASOTA, FL	
CITY-ST-ZIP	SARASOTA, FL 34234		CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TOTHERO, ROBERT		NAME	TOTHERO, ROBERT	
STREET ADDRESS	5084 BARRINGTON CIRCLE		STREET ADDRESS	5084 BARRINGTON CIRCLE	
CITY-ST-ZIP	SARASOTA, FL 34234		CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YAGY, ARTHUR		NAME		
STREET ADDRESS	5097 BARRINGTON CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34234		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME	POLICASTRO, NADINE	
STREET ADDRESS			STREET ADDRESS	5066 BARRINGTON CIR.	
CITY-ST-ZIP			CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Louise D. Kroll</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-7-06 941-355-8048 <small>Date Daytime Phone #</small>		