

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90014 005 ****61.25

| | | | | | |
|--|--|---------|---|---|--|
| 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 - No P.O. Box # Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 59-2346102 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 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 | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | | 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 NAME STREET ADDRESS CITY-ST-ZIP | T KROLL, LOUISE 5080 BARRINGTON CIR SARASOTA, FL 34234 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | BVP DEVENPECK, ANNE 5019 BARRINGTON CIR. SARASOTA, FLA 34234 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S O'CONNER, NORA 5056 BARRINGTON CIR SARASOTA, FL 34234 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STRAZA, THOMAS 5010 BARRINGTON CIR. SARASOTA, FLA 34234 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P TOTHERO, ROBERT 5084 BARRUNTON CIRCLE SARASOTA, FL 34234 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VELLIQUETTE, JAMES 5041 BARRINGTON CIR. SARASOTA, FLA 34234 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S YAGY, ARTHUR 5097 BARRINGTON CIRCLE SARASOTA, FL 34234 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D POLICASTRO, NADINE 5066 BARRINGTON CIR SARASOTA, FL 34234 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete <input type="checkbox"/> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> | |
| 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 Kroll</i> 4/13/07 941-355-8018 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |

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FL

Zip Code