


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 10, 2008 8:00 am
Secretary of State

06-10-2008 90001 038 ****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
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2. Principal Place of Business - No P.O. Box # 5094 BARRINGTON CIR	3. Mailing Address 5094 BARRINGTON CIR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

2nd MOORE CR2E037 (4/08)

City & State SARASOTA FL	City & State SARASOTA, FL
Zip 34234	Country SARASOTA

4. FEI Number 59-2346102	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 BARRINGTON WOODS CONDO ASSO. Street Address (P.O. Box Number is Not Acceptable) 5094 BARRINGTON CIRCLE SARASOTA City FL Zip Code 34234	

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. **SELF MANAGED BY BOARD OF DIRECTORS**

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By September 3, 2008	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
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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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEVENPECK, ANNE 5019 BARRINGTON CIR SARASOTA FL 34234 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOTHERO, ROBERT 5084 BARRINGTON CIRCLE SARASOTA FL 34234 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YAGY, ARTHUR 5097 BARRINGTON CIRCLE SARASOTA FL 34234 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NORA O'CONNOR 5056 BARRINGTON CIRCLE SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLICASTRO, NADINE 5066 BARRINGTON CIR SARASOTA FL 34234 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition EMILE BROOKS 5091 BARRINGTON CIRCLE SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAZA, THOMAS 5010 BARRINGTON CIR SARASOTA FL 34234 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Frederick D. Reed* *Irma* **530-08**