

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756919

FILED
Apr 02, 2009
Secretary of State

Entity Name: BARRINGTON WOODS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5094 BARRINGTON CR
SARASOTA, FL 34234 US

New Principal Place of Business:

Current Mailing Address:

5094 BARRINGTON CR
SARASOTA, FL 34234 US

New Mailing Address:

FEI Number: 59-2346102

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARRINGTON WOODS CONDO ASSOC
5094 BARRINGTON CIRCLE
SARASOTA, FL 34234 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: KROLL, LOUISE
Address: 5080 BARRINGTON CIR
City-St-Zip: SARASOTA, FL 34234

Title: V () Delete
Name: DEVENPECK, ANNE
Address: 5019 BARRINGTON CIR
City-St-Zip: SARASOTA, FL 34234

Title: P () Delete
Name: TOTHERO, ROBERT
Address: 5084 BARRINGTON CIRCLE
City-St-Zip: SARASOTA, FL 34234

Title: S () Delete
Name: O'CONNOR, NORA
Address: 5056 BARRINGTON CIRCLE
City-St-Zip: SARASOTA, FL 34234

Title: D () Delete
Name: BROOKS, DEMILE
Address: 5091 BARRINGTON CIRCLE
City-St-Zip: SARASOTA, FL 34234

Title: D () Delete
Name: STRAZA, THOMAS
Address: 5010 BARRINGTON CIR
City-St-Zip: SARASOTA, FL 34234

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: KROLL, LOUISE
Address: 5080 BARRINGTON CIRCLE
City-St-Zip: SARASOTA, FL 34234

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: O'CONNOR, NORA
Address: 5058 BARRINGTON CIRCLE
City-St-Zip: SARASOTA, FL 34234

Title: S (X) Change () Addition
Name: BROOKS, EMILIE
Address: 5091 BARRINGTON CIRCLE
City-St-Zip: SARASOTA, FL 34234

Title: D (X) Change () Addition
Name: COSTAS, VAN
Address: 5099 BARRINGTON CIRCLE
City-St-Zip: SARASOTA, FL 34234

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: LOUISE KROLL

T

04/02/2009

Electronic Signature of Signing Officer or Director

Date