

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90051 045 ****61.25

DOCUMENT # 761829
 1. Entity Name
BARRISTERS BUILDING CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 600 SANDTREE DRIVE #109
 PALM BEACH GARDENS, FL 33403 US

Mailing Address
 600 SANDTREE DRIVE #109
 PALM BEACH GARDENS, FL 33403 US

40028900

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



02152006 Chg-NP CR2E037 (11/05)

4. FEI Number
 59-2266300

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIGELL, DAVID R
 1615 FORUM PLACE
 SUITE 200
 WEST PALM BEACH, FL 33401

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

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RIGELL, DAVID	
STREET ADDRESS	1615 FORUM PL	
CITY-ST-ZIP	WEST PALM BEACH, FL 33410	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LIGGIO, JEFFREY	
STREET ADDRESS	1615 FORUM PL	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BURLINGTON, PHILIP	
STREET ADDRESS	1615 FORUM PLACE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MACLOSKEY, LOUIS	
STREET ADDRESS	1615 FORUM PLACE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SCHULER, RICHARD	
STREET ADDRESS	1615 FORUM PLACE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McCloskey, Louis	
STREET ADDRESS	1615 Forum Place	
CITY-ST-ZIP	West Palm Beach, Fl 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Caruso, Edna	
STREET ADDRESS	1615 Forum Place	
CITY-ST-ZIP	West Palm Beach, Fl 33401	

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: *David Rigell* DAVID RIGELL, President 3-6-06 (561) 624-5888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #