## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 762425** 

FILED Feb 24, 2009 Secretary of State

DOCOMENT# 102425	Secretary of State
Entity Name: THE BARCLAY OWNERS ASSOCIATION, INC	C.
Current Principal Place of Business:	New Principal Place of Business:
225 5TH AVENUE S NAPLES, FL 34102 US	
Current Mailing Address:	New Mailing Address:
800 SEAGATE DR	
#202 NAPLES, FL 34103 US	
FEI Number: 59-2237326 FEI Number Applied For ( ) FEI N	Number Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
GOBY, SUE A 800 SEAGATE DR. #202 NAPLES, FL 34103 US	BUSINESS SOLUTIONS OF NAPLES INC 800 SEAGATE DR. #202 NAPLES, FL 34103 US
The above named entity submits this statement for the purpose in the State of Florida.	e of changing its registered office or registered agent, or both,
SIGNATURE: PATTY L WILLIAMS, ACCOUNTING	02/24/2009
Electronic Signature of Registered Agent	Date
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title:         PD ( ) Delete           Name:         HOWISON, JACK           Address:         225 5TH AVE S #102           City-St-Zip:         NAPLES, FL 34102	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title:         VPTD ( ) Delete           Name:         SCHULAC, JAMES           Address:         225 5TH AVE S. #103           City-St-Zip:         NAPLES, FL 34102	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title:         SD ( ) Delete           Name:         FIELD, PATSY           Address:         225 5TH AVE S #101           City-St-Zip:         NAPLES, FL 34102	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: PATTY L WILLIAMS, ACCOUNTING ACCT 02/24/2009