2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# 766700

Entity Name: BARRINGTON OAKS WEST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1915 DOWNING PL
PALM HARBOR, FL 34683 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 425
PALM HARBOR, FL 34682 US

New Mailing Address:

FEI Number: 59-2440029 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEPHENS, PEGGY A
1915 DOWNING PL
PALM HARBOR, FL 34683 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: PD ( ) Delete
Name: GILCHRIST, BRIAN
Address: 398 SHEFFIELD CIR E
City-St-Zip: PALM HARBOR, FL 34683

Title: VPD ( ) Delete
Name: MARCINEK, STEPHEN
Address: 1951 DOWNING PL
City-St-Zip: PALM HARBOR, FL 34683

Title: S ( ) Delete
Name: DORT, ANGIE
Address: 101 SHEFFIELD CIR W
City-St-Zip: PALM HARBOR, FL 34683

Title: TD ( ) Delete
Name: STEPHENS, PEGGY
Address: 1915 DOWNING PL
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition
Name: GROSS, JOHN
Address: 354 SHEFFIELD CIR E
City-St-Zip: PALM HARBOR, FL 34683

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

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: PEGGY A. STEPHENS TD 04/30/2008

Electronic Signature of Signing Officer or Director — Date