

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766700

FILED  
Apr 26, 2012  
Secretary of State

**Entity Name:** BARRINGTON OAKS WEST HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1915 DOWNING PLACE  
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  
Name: PULLI, KIM  
Address: 1981 DOWNING PLACE  
City-St-Zip: PALM HARBOR, FL 34683

Title: TD  
Name: ROSE, LORI  
Address: 299 SHEFFIELD CIR  
City-St-Zip: PALM HARBOR, FL 34683

Title: SD  
Name: CURRAN, VIVIAN  
Address: 197 SHEFFIELD CIR W  
City-St-Zip: PALM HARBOR, FL 34683

Title: VPD  
Name: TYLER, GARY  
Address: 244 SHEFFIELD CIR E.  
City-St-Zip: PALM HARBOR, FL 34683

Title: D  
Name: STEPHENS, PEGGY  
Address: 1915 DOWNING PLACE  
City-St-Zip: PALM HARBOR, FL 34683

Title: D  
Name: KEGELMAN, JAMIE  
Address: 1974 DOWNING PLACE  
City-St-Zip: PALM HARBOR, FL 34683

I hereby 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 all other like empowered.

SIGNATURE: PEGGY A. STEPHENS

DIR

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date