

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90035 037 \*\*\*150.00

DOCUMENT # F46646

1. Corporation Name  
BARRINGTON REALTY, INC.

Principal Place of Business Mailing Address  
2345 SANDLAKE RD. STE 100 ORLANDO FL 32809  
STE 100 ORLANDO FL 32809  
US  
\*\*please note address corrections\*\*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 2345 Sand Lake Road 26 2345 Sand Lake Road  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 Suite 100 27 Suite 100  
City & State City & State  
23 Orlando, Florida 28 Orlando, Florida  
Zip Country Zip Country  
24 32809 25 32809 29 32809 30

3. Date Incorporated or Qualified  
09/29/1981  
4. FEI Number  
59-2146149  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required.  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KORSHAK, STEPHEN D  
2345 SAND LAKE ROAD  
ORLANDO FL 32809  
\*\*please note address correction\*\*

10. Name and Address of New Registered Agent

81 Name  
Korshak, Stephen D.  
82 Street Address (P.O. Box Number is Not Acceptable)  
2345 Sand Lake Road, Suite 120  
83  
84 City  
Orlando FL 85 Zip Code  
32809

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☒ DELETE  
NAME SPRINGER, ROBERTA  
STREET ADDRESS 4020 GALT OCEAN DRIVE #1008  
CITY-ST-ZIP FT LAUDERDALE FLORIDA 33308  
TITLE V ☐ DELETE  
NAME OGDEN, NANCY L. \*\*please note address correction\*\*  
STREET ADDRESS 2345 SANDLAKE RD. #100  
CITY-ST-ZIP ORLANDO, FL 00000  
TITLE VSD ☐ DELETE  
NAME LINDEN DEBORAH L. \*\*please note address correction\*\*  
STREET ADDRESS 2345 SANDLAKE RD. #100  
CITY-ST-ZIP ORLANDO FL  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE: Deborah L. Linden

01/11/99 407-859-8900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0096688

CR2E034 (11/98)