

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F46646

1. Entity Name
BARRINGTON REALTY, INC.



FILED
CLERK OF THE
DIVISION OF CORPORATION
04 JUN 16 AM 11:07

Principal Place of Business
2345 SAND LAKE RD
STE 100
ORLANDO, FL 32809

Mailing Address
2345 SAND LAKE RD
STE 100
ORLANDO, FL 32809 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06032004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-2146149

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KORSHAK, STEPHEN D
2345 SAND LAKE ROAD
STE 120
ORLANDO, FL 32809

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
OGDEN, NANCY L.
2345 SAND LAKE RD STE 100
ORLANDO, FL 32809 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
Sanders, Nancy L.
2345 Sand Lake Road, Suite 100
Orlando, FL 32809 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPTS
LINDEN DEBORAH L.
2345 SAND LAKE RD STE 100
ORLANDO, FL 32809 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
500038420875
06/30/04--01046--012 **70.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. 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 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/04

Date

407-859-8900

Daytime Phone #