

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005969

FILED
Apr 30, 2005
Secretary of State

Entity Name: BARRINGTON HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

BARRINGTON OAKS
DOVER, FL 33527

New Principal Place of Business:

Current Mailing Address:

PO BOX 1223
DOVER, FL 33527

New Mailing Address:

1207 N. HIMES AVE.
SUITE 3
TAMPA, FL 33607

FEI Number: 01-0604383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, TARA
9425 BARRINGTON OAKS DR.
DOVER, FL 33527 US

Name and Address of New Registered Agent:

UNIQUE PROPERTY SERVICES INC.
1207 N. HIMES AVE,
SUITE 3
TAMPA, FL 33607 US

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: DAVID G. KRUG JR.

04/30/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FROHNA, PHILIP
Address: 9409 BARRINGTON CREEK
City-St-Zip: DOVER, FL 33527

Title: D () Delete
Name: MULLEN, RONALD
Address: 9339 BARRINGTON OAKS
City-St-Zip: DOVER, FL 33527

Title: T () Delete
Name: ROBINSON, TARA
Address: 9425 BARRINGTON OAKS DR
City-St-Zip: DOVER, FL 33527

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ARTZ, WINTON
Address: 9338 BARRINGTON CREEK
City-St-Zip: DOVER, FL 33527

Title: D (X) Change () Addition
Name: JACOB, DENNY
Address: 9206 BARRINGTON OAKS
City-St-Zip: DOVER, FL 33527

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 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 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: WINTON ARTZ

DP

04/30/2005

Electronic Signature of Signing Officer or Director

Date