

# 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 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