2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005969

FILED Apr 30, 2008 Secretary of State

Entity Name: BARRINGTON HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

BARRINGTON OAKS DOVER, FL 33527

Current Mailing Address: 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: 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:

Electronic Signature of Degistered Agent

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

 Title:
 DP () Delete
 Title:
 DP (X) Change () Addition

 Name:
 ARTZ, WINTON
 Name:
 ZEIGLER, BRENDA

 Address:
 9338 BARRINGTON CREEK
 Address:
 9303 BARRINGTON OAKS

 City-St-Zip:
 DOVER, FL 33527
 City-St-Zip:
 DOVER, FL 33527

Title: D () Delete Title: VD (X) Change () Addition
Name: JACOB, DENNY Name: JACOB, DENNY
Address: 9206 BARRINGTON OAKS
Address: 9206 BARRINGTON OAKS

 Address:
 9206 BARRINGTON OAKS
 Address:
 9206 BARRINGTON OAKS

 City-St-Zip:
 DOVER, FL 33527
 City-St-Zip:
 DOVER, FL 33527

Title: T () Delete Title: SD (X) Change () Addition Name: ICEMAN, CHARISSE Name: ICEMAN, CHARISSE

Address: BARRINGTON OAKS DR Address: BARRINGTON OAKS DR
City-St-Zip: DOVER, FL 33527 City-St-Zip: DOVER, FL 33527

Title: T () Delete Title: TD (X) Change () Addition

 Name:
 SKOLNIK, NANETTE
 Name:
 SKOLNIK, NANETTE

 Address:
 7710 MUCK POND RD.
 Address:
 7710 MUCK POND RD.

 City-St-Zip:
 DOVER, FL 33527
 City-St-Zip:
 DOVER, FL 33527

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BRENDA ZEIGLER PD 04/30/2008