

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005969

FILED
Apr 30, 2009
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:

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

New Mailing Address:

FEI Number: 01-0604383 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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 Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ZEIGLER, BRENDA
Address: 9303 BARRINGTON OAKS
City-St-Zip: DOVER, FL 33527

Title: VD () Delete
Name: JACOB, DENNY
Address: 9206 BARRINGTON OAKS
City-St-Zip: DOVER, FL 33527

Title: SD () Delete
Name: ICEMAN, CHARISSE
Address: BARRINGTON OAKS DR
City-St-Zip: DOVER, FL 33527

Title: TD () Delete
Name: SKOLNIK, NANETTE
Address: 7710 MUCK POND RD.
City-St-Zip: DOVER, FL 33527

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: WRIGHT, SANDY
Address: 9410 BARRINGTON OAKS DR
City-St-Zip: DOVER, FL 33527

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: MENTOR, JACKIE
Address: 9310 BARRINGTON OAKS
City-St-Zip: DOVER, FL 33527

Title: D () Change (X) Addition
Name: MCGIMPSEY, MIKE
Address: 9426 BARRINGTON OAKS
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

DP

04/30/2009

Electronic Signature of Signing Officer or Director

Date