

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90460 001 \*\*\*457.50

**DOCUMENT # N01000007619**

1. Entity Name

BARCLAY WOODS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

6757 55TH ST. N.  
PINELLAS PARK FL 33781

Mailing Address

6757 55TH ST. N.  
PINELLAS PARK FL 33781

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

33-1013666

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

FARRELL HOMES, INC.  
7652 PARK BOULEVARD  
PINELLAS PARK FL 33781

7. Name and Address of New Registered Agent

Name

Michael S. Farrell

Street Address (P.O. Box Number is Not Acceptable)

6757 55th Street North

City

Pinellas Park

FL

Zip Code

33781

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME FARRELL, MICHAEL S  
STREET ADDRESS 7652 PARK BLVD.  
CITY-ST-ZIP PINELLAS PARK FL 33781

TITLE VD ☐ Delete  
NAME FARRELL, MARY P  
STREET ADDRESS 7652 PARK BLVD.  
CITY-ST-ZIP PINELLAS PARK FL 33781

TITLE STD ☐ Delete  
NAME FARRELL, JUDY  
STREET ADDRESS 7652 PARK BLVD.  
CITY-ST-ZIP PINELLAS PARK FL 33781

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition  
NAME Michael S. Farrell  
STREET ADDRESS 6757 55th Street North  
CITY-ST-ZIP Pinellas Park, Fl. 33781

TITLE VD ☒ Change ☐ Addition  
NAME Mary P. Farrell  
STREET ADDRESS 6757 55th Street North  
CITY-ST-ZIP Pinellas Park, Fl. 33781

TITLE STD ☒ Change ☐ Addition  
NAME Judith Farrell  
STREET ADDRESS 6757 55th Street North  
CITY-ST-ZIP Pinellas Park, Fl. 33781

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 617, 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

Date

Daytime Phone #

*Michael S. Farrell* 3/8/07 727/544-1041