## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 06, 2008 8:00 am Secretary of State

DOCUMENT # N0200000352  1. Entity Name AKE BARRINGTON CONDOMINIUM ASSOCIATION, INC.				05-06-2008 90039 015 ****61.25				
Principal Place of Business Mailing Address C/O THE WARNER CORP. C/O THE WARNER CORP. 886 110TH AVENUE NORTH, #7 NAPLES, FL 34108  Mailing Address C/O THE WARNER CORP. 886 110TH AVENUE NOR NAPLES, FL 34108				1.7	· • • • • • • • • • • • • • • • • • • •	-		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			1 H.I.I.    II   II   II   II   II   II		1131	1 ( 1) 1  1  1 1  -
Suite, Apt. #, etc.		Suite; Apt. #, etc.			02042008	Chg-NP	CR2E037 (12/06	3)
City & State		City & State		:	4. FEI Number 02-0557	569		Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of	Status Desired	□ \$8.75 Fee Requ	Additional ired
	6. Name and Address of Current R	Name		7. Name and A	ddress of New	Registered Agent		
MADNED DOVAN I							-	
WARNER, BRYAN J 886 110TH AVENUE NORTH, #7 NAPLES, FL 34108			Street A	Street Address (P.O. Box Number is Not Acceptable)				
			City	· · · · · · · · · · · · · · · · · · ·			FL Zip C	ode
							1	
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, hydrocytic parame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund Co			55.00 May Be	Fio	Make check payable orlda Department of	to State
10.	Due by May 1, 2008 OFFICERS AND DIR	Trust Fund Co		L) #	dded to Fees	Flo	Make check payable or da Department of ERS AND DIRECTORS	State
TITLE	OFFICERS AND DIR	Trust Fund Co	11.	AC P	DITIONS/CHAP	NGES TO OFFIC	orlda Department of  ERS AND DIRECTORS  Chang	State IN 10
TITLE NAME	OFFICERS AND DIRECTOR STOESS, MIKE	Trust Fund Co	11. ITILE NAME	AC P	DITIONS/CHAP	NGES TO OFFIC	orlda Department of  ERS AND DIRECTORS  Chang	State IN 10
TITLE NAME STREET ADDRESS	OFFICERS AND DIRECTS TSD STOESS, MIKE 4863 HAMPSHIRE CT #102	Trust Fund Co	11. ITILE NAME STREET ADDRESS	V P DAUL	added to Fees DITIONS/CHAP  Cad  Alump	RON.	erida Department of ERS AND DIRECTORS  Change	State IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECTS TSD STOESS, MIKE 4863 HAMPSHIRE CT #102 NAPLES, FL 34112	Trust Fund Co	11. IIILE NAME STREET ADDRESS CITY-ST-ZIP	AC FP DAU 4870 Nap	added to Fees DITIONS/CHAP  Cad  Alump	NGES TO OFFIC	erida Department of ERS AND DIRECTORS  Change  Change	State IN 10 e Addition
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2. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

BY YOU WARNING OF SIGNING OFFICER ON PRINTED NAME O

41/08 279-591-1800