2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N02000004589

Entity Name: BARRINGTON I OF FOREST GLEN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O PARADISE PROPERTY MGMT
802 ANCHOR RODE DRIVE
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

C/O PARADISE PROPERTY MGMT
802 ANCHOR RODE DRIVE
NAPLES, FL 34103

New Mailing Address:

FEI Number: 56-2286762 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEDBERG, JEANNINE R
C/O PARADISE PROPERTY MGMT
802 ANCHOR RODE DRIVE
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

MEADE, JAMES
C/O PARADISE PROPERTY MGMT
802 ANCHOR RODE DRIVE
NAPLES, FL 34103 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: JAMES MEADE 04/29/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: BENNETT, MALCOLM
Address: 3904 FOREST GLEN BLVD UNIT 201
City-St-Zip: NAPLES, FL 34114

Title: P ( ) Delete
Name: COLE, JOHN
Address: 3896 FOREST GLEN BLVD. #102
City-St-Zip: NAPLES, FL 34114

Title: VP ( ) Delete
Name: GRAY, WILLIAM
Address: 3880 FOREST GLEN BLVD. #102
City-St-Zip: NAPLES, FL 34114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JOHN COLE PRES 04/29/2008
Electronic Signature of Signing Officer or Director — Date