## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000004589

FILED Mar 20, 2009 Secretary of State

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

**Current Principal Place of Business:** 

New Principal Place of Business:

C/O PARADISE PROPERTY MGMT 802 ANCHOR RODE DRIVE

CAMBRIDGE PROPERTY MGMT 2335 TAMIAI TRAIL NORTH, STE. #402

NAPLES, FL 34103

NAPLES, FL 34103

**Current Mailing Address:** 

New Mailing Address:

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

CAMBRIDGE PROPERTY MGMT 2335 TAMIAI TRAIL NORTH, STE. #402

NAPLES, FL 34103

FEI Number: 56-2286762

NAPLES, FL 34103 US

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MEADE, JAMES

MEADE, JAMES

C/O PARADISE PROPERTY MGMT 802 ANCHOR RODE DRIVE

CAMBRIDGE PROPERTY MGMT 2335 TAMIAMI TRAIL NORTH, STE. #402

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:

03/20/2009

Electronic Signature of Registered Agent

FEI Number Applied For ( )

Date

**OFFICERS AND DIRECTORS:** 

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete Name:

BENNETT, MALCOLM

Address:

3904 FOREST GLEN BLVD UNIT 201

City-St-Zip: NAPLES, FL 34114

Title: ( ) Delete

Name: COLE, JOHN

Address: 3896 FOREST GLEN BLVD. #102

City-St-Zip: NAPLES, FL 34114

Title: () Delete

GRAY, WILLIAM Name:

3880 FOREST GLEN BLVD. #102 Address:

City-St-Zip: NAPLES, FL 34114

(X) Change ( ) Addition SEMERARO, DAVID Name:

Address: 3892 FOREST GLEN BLVD NAPLES, FL 34114

Title: (X) Change ( ) Addition

Name: LITTIG, LILIANE

City-St-Zip:

Address: 3888 FOREST GLEN BLVD. #202

City-St-Zip: NAPLES, FL 34114

Title: (X) Change ( ) Addition

Name: GRAY, WILLIAM

3880 FOREST GLEN BLVD. #102 Address:

City-St-Zip: NAPLES, FL 34114

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: BILL GRAY Ρ 03/20/2009