2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N02000004716

BARRINGTON COMMONS ASSOCIATION, INC.

USA

C/O PARADISE PROPERTY MANAGEMENT GROUP

6. Name and Address of Current Registered Agent

Principal Place of Business TROPICAL ISLES MANAGEMENT 12734 KENWOOD LANE SUITE 49 FORT MYERS, FL 33907

2. Principal Have Property

HEDBERG, JEANNINE

810 ANCHOR RODE DR NAPLES, FL 34103

810

City & State

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

Mailing Address

Majling Address <u>o </u>Yaradise

City & State

4103

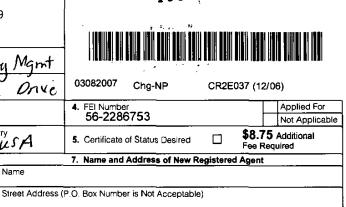
TROPICAL ISLES MANAGEMENT 12734 KENWOOD LANE SUITE 49 FORT MYERS, FL 33907

Suite, Apt. #, etc. 10 Anchor Rode

FILED Apr 30, 2007 8:00 am Secretary of State

04-30-2007 90420 004 ****61.25

40089623



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.

9. Election Campaign Financing

Country

USA

Name

City

Signature, typed or printed name of registered agent and title if applicable. Filing Fee is \$61.25

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

\$5.00 May Be

Make check payable to

Zip Code

	Trust Fund Contribution.		tribution.	Added to Fees Florida Department of State			
10.	OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NOFFKE, LARRY 3880 FOREST GLEN BLVD, #201 NAPLES, FL 34114	Delete l	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Naples, FL	:Kenna Glan Blyd#10= 34114	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DISHINGER, JIM 3113 FOREST GLEN BLVD, #202 NAPLES, FL 34114	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Naplos, FL	Glen Blvd #102	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RETHRGER, RICHARD 3125 FOREST GLEN BLVD, #202 NAPLES, FL 34114	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	uayne Sie 3952 Fores Naples, FL	ron + Glen Blvd # 20	□ Change 2	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition

12. 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.

430-0250