


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N02000004716 1. Entity Name BARRINGTON COMMONS ASSOCIATION, INC.	
---	---

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

40089623

2. Principal Place of Business - No P.O. Box # Paradise Property Management	3. Mailing Address Paradise Property Mgmt
Suite, Apt. #, etc. 810 Anchor Rode Drive	Suite, Apt. #, etc. 810 Anchor Rode Drive
City & State Naples FL	City & State Naples FL
Zip 34103	Country USA



03082007 Chg-NP CR2E037 (12/06)

4. FEI Number 56-2286753	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HEDBERG, JEANNINE C/O PARADISE PROPERTY MANAGEMENT GROUP 810 ANCHOR RODE DR NAPLES, FL 34103	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	---

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME NOFFKE, LARRY		NAME J. Kevin McKenna	
STREET ADDRESS 3880 FOREST GLEN BLVD, #201		STREET ADDRESS 3921 Forest Glen Blvd #102	
CITY-ST-ZIP NAPLES, FL 34114		CITY-ST-ZIP Naples, FL 34114	
TITLE STD	<input checked="" type="checkbox"/> Delete	TITLE Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DISHINGER, JIM		NAME William Gray	
STREET ADDRESS 3113 FOREST GLEN BLVD, #202		STREET ADDRESS 3880 Forest Glen Blvd #102	
CITY-ST-ZIP NAPLES, FL 34114		CITY-ST-ZIP Naples, FL 34114	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE Sec/Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RETHRGER, RICHARD		NAME Wayne Sieron	
STREET ADDRESS 3125 FOREST GLEN BLVD, #202		STREET ADDRESS 3952 Forest Glen Blvd #202	
CITY-ST-ZIP NAPLES, FL 34114		CITY-ST-ZIP Naples, FL 34114	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.

SIGNATURE Jeannine Hedberg, CAM Jeannine Hedberg 4-26-07 (239) 430-0250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #