

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-11-2006 90104 048 ****61.25

DOCUMENT # N02000004816					
1. Entity Name BARRINGTON RIDGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O ADVANCED MANAGEMENT, INC. OF SW FL 9031 TOWN CENTER PKWY BRADENTON, FL 34202			Mailing Address C/O ADVANCED MANAGEMENT, INC. OF SW FL 9031 TOWN CENTER PKWY BRADENTON, FL 34202		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 43-1979207	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C/O ADVANCED MANAGEMENT, INC. OF SW FL 9031 TOWN CENTER PKWY BRADENTON, FL 34202			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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					
TITLE PD	NAME LEPOW, DAVID	<input checked="" type="checkbox"/> Delete	TITLE President	NAME William Huddleston	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 301 N CATTLEMAN RD #108	CITY-ST-ZIP SARASOTA, FL 34232		STREET ADDRESS 6108 4th St. Circle East	CITY-ST-ZIP Bradenton, FL 34203	
TITLE VPD	NAME WOOLERY, MIKE	<input checked="" type="checkbox"/> Delete	TITLE Treasurer	NAME Cheryl Kaehn	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 301 NORTH CATTLEMEN ROAD	CITY-ST-ZIP SARASOTA, FL 34232		STREET ADDRESS 4806 61st Ave. East	CITY-ST-ZIP Bradenton, FL 34203	
TITLE STD	NAME LISTON, DAVID	<input checked="" type="checkbox"/> Delete	TITLE Secretary/Vice President	NAME Vern Smith	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 301 NORTH CATTLEMEN ROAD	CITY-ST-ZIP SARASOTA, FL 34232		STREET ADDRESS 61st Ave. East	CITY-ST-ZIP Bradenton, FL 34232	
TITLE President	NAME William Huddleston	<input type="checkbox"/> Delete	TITLE Vice President	NAME Eric Lester	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS Bradenton, FL	CITY-ST-ZIP Bradenton, FL		STREET ADDRESS 409 961st Ave. East	CITY-ST-ZIP Bradenton, FL 34203	
TITLE Treasurer	NAME Cheryl Kaehn	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS Bradenton, FL	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	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:			DATE: MAR 27 2006		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small> 941-320-8180		

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