2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N02000004816

BARRINGTON RIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business C/O ADVANCED MANAGEMENT, INC. OF SW FL. Mailing Address

C/O ADVANCED MANAGEMENT, INC. OF SW FL.

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FILED	
Mar 16, 2007 8:00 am	1
Secretary of State	
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BRADENTON, FL 34202			BRADENTON, FL 34202						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		NP CR2EC)37 (12/06)			
City & State	e	City & State	· ·-	4. FE! Number 43-1979207		<u> </u>	plied For t Applicable		
Zip	Country	Zip	Country	5. Certificate of Status	Desired 🗍	\$8.75 Add	litional		
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address	s of New Registered	Agent			
			Name						
C/O ADVANCED MANAGEMENT, INC. OF SW FL. 9031 TOWN CENTER PKWY BRADENTON, FL 34202			Street Address	Street Address (P.O. Box Number is Not Acceptable)					
			City		FI	L Zip Code	-		
	e named entity submits this statement tions of registered agent. Signature, typed or printed name of registered age		E: Registered Agent signature requ		DATE				
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Can Trust Fund C	npaign Financing	\$5.00 May Be Added to Fees	Make chec Florida Depa	ck payable to artment of St			
					TO OCCUPEDE AND E				
10.	OFFICERS AND (DIRECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND L	IRECTORS IN			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUDDLESTON, WILLIAM 6108 42ND ST CIR E BRADENTON, FL 34203	DIRECTORS Delete	TITLE NAME STREET ADDRESS	olerie Terry Dan Loist Place	E	Change	Addition		
TITLE NAME STREET ADDRESS	P HUDDLESTON, WILLIAM 6108 42ND ST CIR E	· · · · · · · · · · · · · · · · · · ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	plerie Terry Laio loist Place					
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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.

CITY-ST-ZIP

NAME STREET ADDRESS

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NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

2-20-07

Change

Addition