

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-30-2007 90420 050 \*\*\*\*61.25

**DOCUMENT # N03000000647**

**1. Entity Name**  
**BARRINGTON II OF FOREST GLEN CONDOMINIUM  
ASSOCIATION, INC.**



**Principal Place of Business**  
12734 KENWOOD LANE, STE 49  
C/O TROPICAL ISLES MANAGEMENT  
FORT MYERS, FL 33907

**Mailing Address**  
12734 KENWOOD LANE, STE 49  
C/O TROPICAL ISLES MANAGEMENT  
FORT MYERS, FL 33907

40089625



**2. Principal Place of Business - No P.O. Box #**  
*Paradise Property mgmt*

**3. Mailing Address**  
*70 Paradise Property mgmt*

Suite, Apt. #, etc.  
*810 Anchor Rode Drive*

Suite, Apt. #, etc.  
*810 Anchor Rode Drive*

03082007 Chg-NP CR2E037 (12/06)

City & State  
*Naples FL*

City & State  
*Naples FL*

**4. FEI Number**  
**56-2317350**

Applied For  
Not Applicable

Zip  
*34103*

Country  
*USA*

Zip  
*34103*

Country  
*USA*

**5. Certificate of Status Desired** ☐ **\$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**

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	MC GEE, THOMAS	
STREET ADDRESS	3913 FOREST GLEN BLVD, #201	
CITY-ST-ZIP	NAPLES, FL 34114	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DILLON, PATRICIA	
STREET ADDRESS	3921 FOREST GLEN BLVD, #101	
CITY-ST-ZIP	NAPLES, FL 34114	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	DISHINGER, JIM	
STREET ADDRESS	3913 FOREST GLEN BLVD, #202	
CITY-ST-ZIP	NAPLES, FL 34114	
TITLE	ASM	<input checked="" type="checkbox"/> Delete
NAME	ROEDDING, DON	
STREET ADDRESS	12734 KENWOOD LANE, STE 49	
CITY-ST-ZIP	FORT MYERS, FL 33907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McKenna, J. Kevin	
STREET ADDRESS	3921 Forest Glen Blvd #102	
CITY-ST-ZIP	Naples, FL 34114	
TITLE	Sec/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dillon, Patricia	
STREET ADDRESS	3921 Forest Glen Blvd #101	
CITY-ST-ZIP	Naples, FL 34114	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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** *Jeannine Hedberg, CAM Jeannine Hedberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-07

(239)430-0250

Date

Daytime Phone #