

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000647

FILED  
Mar 20, 2009  
Secretary of State

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

**Current Principal Place of Business:**

PARADISE PROPERTY MGMT  
802 ANCHOR RODE DRIVE  
NAPLES, FL 34103

**New Principal Place of Business:**

CAMBRIDGE PROPERTY MGMT  
2335 TAMiami TRAIL NORTH, STE. #402  
NAPLES, FL 34103

**Current Mailing Address:**

PARADISE PROPERTY MGMT  
802 ANCHOR RODE DRIVE  
NAPLES, FL 34103

**New Mailing Address:**

CAMBRIDGE PROPERTY MGMT  
2335 TAMiami TRAIL NORTH, STE. #402  
NAPLES, FL 34103

FEI Number: 56-2317350

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MEADE, JAMES  
C/O PARADISE PROPERTY MANAGEMENT GROUP  
802 ANCHOR RODE DR  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

MEADE, JAMES  
CAMBRIDGE PROPERTY MANAGEMENT  
2335 TAMiami TRAIL NORTH, STE. #402  
NAPLES, FL 34103 US

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.

SIGNATURE:

03/20/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MC GEE, THOMAS  
Address: 3913 FOREST GLEN BLVD, #201  
City-St-Zip: NAPLES, FL 34114

Title: ST ( ) Delete  
Name: DILLON, PATRICIA  
Address: 3921 FOREST GLEN BLVD, #101  
City-St-Zip: NAPLES, FL 34114

Title: VP ( ) Delete  
Name: MCKENNA, J. KEVIN  
Address: 3921 FOREST GLEN BLVD #101  
City-St-Zip: NAPLES, FL 34114

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM MCGEE

P

03/20/2009

Electronic Signature of Signing Officer or Director

Date