

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90018 012 \*\*\*\*70.00

<b>DOCUMENT # N03000003849</b>			
1. Entity Name <b>BARRON OAKS HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>2806 S. JERRY SMITH RD. DOVER FL 33527</b>		Mailing Address <b>2806 S. JERRY SMITH RD. DOVER FL 33527</b>	
2. Principal Place of Business <i>note changed to</i> <b>5003 Barron Meadows Ln.</b>		3. Mailing Address <i>change also</i> <b>5003 Barron Meadows Ln.</b>	
Suite, Apt. #, etc. <i>Dever, Fl. 33527</i>		Suite, Apt. #, etc. <i>Dever, Fl. 33527</i>	
City & State		City & State	
Zip	Country	Zip	Country

66407164



MOORE CR2E037 (11/03)

4. FEI Number <b>01-0809639</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent <b>BARRON, BARBARA 2806 S. JERRY SMITH RD. DOVER FL 33527</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARRON, BARBARA</b> <b>2806 S. JERRY SMITH RD.</b> <b>DOVER FL 33527</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5003 Barron Meadows Ln.</b> <b>Dever, Fl. 33527</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARRON, JACK</b> <b>2806 S. JERRY SMITH RD.</b> <b>DOVER FL 33527</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5003 Barron Meadows Ln.</b> <b>Dever Fl. 33527</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARRON, MARK M</b> <b>2816 S. JERRY SMITH RD.</b> <b>DOVER FL 33527</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Barbara A. Barron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2/26/04* *813*  
*9675496*