

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000003849

1. Entity Name
BARRON OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
5003 BARRON MEADOWS LANE
DOVER, FL 33527

Mailing Address
5003 BARRON MEADOWS LANE
DOVER, FL 33527

FILED

06 SEP 18 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09112006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business		3. Mailing Address 1733 SHADY LANE		4. FEI Number 01-0809639	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State LAKE WALES, FL			
Zip	Country	Zip 33898	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BARRON, BARBARA 5003 BARRON MEADOWS LANE DOVER, FL 33527		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____

Filing Fee is \$61.25 Due by September 15, 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRON, BARBARA 5003 BARRON MEADOWS LANE 1733 Shady Ln. DOVER, FL 33527 LK Wales Fl. 33898	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1733 SHADY LANE LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRON, JACK 5003 BARRON MEADOWS LANE 1733 Shady Ln. DOVER, FL 33527 LK Wales Fl. 33898	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1733 SHADY LANE LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRON, MARK M 2816 S. JERRY SMITH RD. DOVER, FL 33527	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200080188168 09/26/06--01067--008 **\$1.25
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 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: Barbara A. Barron Date: 9/14/06 813-967 5496