

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

01-17-2008 90019 019 \*\*\*\*61.25

<b>DOCUMENT # N03000003849</b> 1. Entity Name <b>BARRON OAKS HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>5003 BARRON MEADOWS LANE DOVER, FL 33527</b>		Mailing Address <b>1733 SHADY LANE LAKE WALES, FL 33898</b>	
2. Principal Place of Business - No P.O. Box # <b>2810 Jerry Smith</b>		3. Mailing Address Suite, Apt. #, etc. <b>Dover, FL 33527</b>	
City & State <b>Dover, FL</b>		City & State <b>LAKE WALES, FL</b>	
Zip <b>33527</b>	Country <b>USA</b>	Zip <b>33898</b>	Country <b>FL</b>
4. FEI Number <b>01-0809639</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BARRON, BARBARA 5003 BARRON MEADOWS LANE DOVER, FL 33527</b>		7. Name and Address of New Registered Agent Name <b>Barron Barbara</b> Street Address (P.O. Box Number is Not Acceptable) <b>1733 Shady Lane Dr.</b> <b>LAKE WALES, FL</b> City <b>LAKE WALES</b> Zip Code <b>33898</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>D</b>	NAME <b>BARRON, BARBARA</b>	TITLE <b>D</b>	NAME <b>BARRON, BARBARA</b>
STREET ADDRESS <b>1733 SHADY LANE</b>	CITY - ST - ZIP <b>LAKE WALES, FL 33898</b>	STREET ADDRESS <b>1733 SHADY LANE</b>	CITY - ST - ZIP <b>LAKE WALES, FL 33898</b>
TITLE <b>D</b>	NAME <b>BARRON, JACK</b>	TITLE <b>D</b>	NAME <b>BARRON, JACK</b>
STREET ADDRESS <b>1733 SHADY LANE</b>	CITY - ST - ZIP <b>LAKE WALES, FL 33898</b>	STREET ADDRESS <b>1733 SHADY LANE</b>	CITY - ST - ZIP <b>LAKE WALES, FL 33898</b>
TITLE <b>D</b>	NAME <b>BARRAN, CLIFTON S</b>	TITLE <b>D</b>	NAME <b>BARRAN, CLIFTON S</b>
STREET ADDRESS <b>2410 JERRY SMITH RD.</b>	CITY - ST - ZIP <b>DOVER, FL 33527</b>	STREET ADDRESS <b>2410 JERRY SMITH RD.</b>	CITY - ST - ZIP <b>DOVER, FL 33527</b>
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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.			
SIGNATURE: <b>Barbara J. Barron</b>		Date: <b>3/1/08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <b>813-967-5496</b>	