

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90192 028 ****61.25

DOCUMENT # N03000005863					
1. Entity Name BARRINGTON ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business PMB 345 4250 ALAFAYA TR # 212 OVIEDO, FL 32765 US			Mailing Address PMB 345 4250 ALAFAYA TR # 212 OVIEDO, FL 32765 US		
2. 5151 Adanson Street, Suite 103 Orlando, Florida 32804		5151 Adanson Street, Suite 103 Orlando, Florida 32804			
City & State		City & State		02262008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-1218385	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOUSE, GARY PREMIER COMMUNITY MANAGERS INC. 5151 ADANSON ST SUITE 103 ORLANDO, FL 32804			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 <i>Gary House</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <i>4-28-08</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARAVELLO, JOHN 1546 WESCOTT LP WINTER SPRINGS, FL 32708		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARSH, MICHAEL 1539 WESCOTT LOOP Wescott Loop WINTER SPRINGS, FL 32708		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T, D Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUPLANTIS, MARK 1590 WRENTHAM COURT WINTER SPRINGS, FL 32708		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, S Cory Youmans 475 Verandah Ct Winter Springs, FL 32708 Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOLAND, KEVIN 1570 WESCOTT LP WINTER SPRINGS, FL 32708		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Edmead 1594 Wrentham Ct. Winter Springs, FL 32708 Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELEGGI, NICK JR 1547 WESCOTT LP WINTER SPRINGS, FL 32708		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D, S Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	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: <i>Michael J. Marsh</i> Treasurer			04-30-08 407-687-5896		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		