2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N03000005863

Entity Name: BARRINGTON ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5151 ADANSON STREET
SUITE 103
ORLANDO, FL 32804 US

New Principal Place of Business:

Current Mailing Address:

5151 ADANSON STREET
SUITE 103
ORLANDO, FL 32804 US

New Mailing Address:

FEI Number: 65-1218385 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOUSE, GARY
PREMIER COMMUNITY MANAGERS INC.
5151 ADANSON ST SUITE 103
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CARAVELLO, JOHN
Address: 1546 WESCOTT LP
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: TD ( ) Delete
Name: MARSH, MICHAEL
Address: 1539 WESTOTT LOOP
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: D ( ) Delete
Name: YOUMANS, CORY
Address: 475 VERANDAH CT
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D ( ) Delete
Name: EDMEAD, JOHN
Address: 1594 WRENTHAM CT
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VPD ( ) Delete
Name: PELEGGI, NICK JR
Address: 1547 WESCOTT LP
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: STROUSE, MARK
Address: 1481 WESTCOTT LOOP
City-St-Zip: WINTER SPRINGS, FL 32708 US

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

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

Title: SD (X) Change ( ) Addition
Name: EDMEAD, JOHN
Address: 1594 WRENTHAM CT
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VPD (X) Change ( ) Addition
Name: STARBUCK, TERESA
Address: 1489 WESCOTT LP
City-St-Zip: WINTER SPRINGS, FL 32708

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: MARK STROUSE PRES 04/13/2009

Electronic Signature of Signing Officer or Director — Date