# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 16, 2012**
**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:**

C/O PREMIER COMMUNITY MANAGERS
1250 BELLE AVE., SUITE 101
WINTER SPRINGS, FL 32708 US

**Current Mailing Address:**

5151 ADANSON STREET
SUITE 103
ORLANDO, FL 32804 US

**New Mailing Address:**

C/O PREMIER COMMUNITY MANAGERS
1250 BELLE AVE., SUITE 101
WINTER SPRINGS, FL 32708 US

**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:**

PREMIER COMMUNITY MANAGERS, INC.
1250 BELLE AVE.
SUITE 101
WINTER SPRINGS, FL 32708 US

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: GARY HOUSE 04/16/2012
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: P
Name: JARVIS, SEAN
Address: 1250 BELLE AVE., SUITE 101
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: VP
Name: RITTER, DOUGLAS
Address: 1250 BELLE AVE., SUITE 101
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: T
Name: RIDAY, ED
Address: 1250 BELLE AVE., SUITE 101
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: S
Name: WASSON, ANDY
Address: 1250 BELLE AVE., SUITE 101
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: D
Name: KNOERZER, ROBERT
Address: 1250 BELLE AVE., SUITE 101
City-St-Zip: WINTER SPRINGS, FL 32708 US

I hereby 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 all other like empowered.

SIGNATURE: SEAN JARVIS PRES 04/16/2012
Electronic Signature of Signing Officer or Director Date