

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 08, 2006 8:00 am
Secretary of State**

04-20-2006 90197 029 ****61.25

DOCUMENT # N05000003471					
1. Entity Name BARMOR ALLIANCE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 730 E STRAWRIDGE AVE MELBOURNE, FL 32901			Mailing Address 730 E STRAWRIDGE AVE MELBOURNE, FL 32901		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04102006 Chg-NP CR2E037 (11/05)	
4. FEI Number 20-2786607				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent	
BARBARY, PATRICK 730 E STRAWRIDGE AVE MELBOURNE, FL 32901				7. Name and Address of New Registered Agent	
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				DATE <u>4/17/06</u>	
Filing Fee is \$81.25 Due by May 1, 2006				9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State				10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARBARY, PATRICK 730 E STRAWRIDGE AVE MELBOURNE, FL 32901	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORGAN, CLAY 730 E STRAWRIDGE AVE MELBOURNE, FL 32901	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MATARAZZO, PATRICIA 730 E STRAWRIDGE AVE MELBOURNE, FL 32901	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O BEALS, ROBERT L 730 E STRAWRIDGE AVE MELBOURNE, FL 32901	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cassella, Lizabeth 730 E. strawbridge ave Melbourne, FL 32901	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Spragins, Michael 730 E. strawbridge ave melbourne, FL 32901	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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 owner 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				DATE <u>4/17/06</u> 321 724 9600	