

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003471

FILED  
Apr 16, 2007  
Secretary of State

Entity Name: BARMOR ALLIANCE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

730 E STRAWRIDGE AVE  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

730 E STRAWRIDGE AVE  
MELBOURNE, FL 32901

**New Mailing Address:**

FEI Number: 20-2786607

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARBARY, PATRICK  
730 E STRAWRIDGE AVE  
MELBOURNE, FL 32901 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: BARBARY, PATRICK  
Address: 730 E STRAWRIDGE AVE  
City-St-Zip: MELBOURNE, FL 32901

Title: VD ( ) Delete  
Name: MORGAN, CLAY  
Address: 730 E STRAWRIDGE AVE  
City-St-Zip: MELBOURNE, FL 32901

Title: D ( ) Delete  
Name: CASSELLA, LIZABETH  
Address: 730 E STRAWBRIDGE AVE  
City-St-Zip: MELBOURNE, FL 32901

Title: SD ( ) Delete  
Name: SPRAGINS, MICHAEL  
Address: 750 E STRAWBRIDGE AVE  
City-St-Zip: MELBOURNE, FL 32901

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LIZABETH CASSELLA

D

04/16/2007

Electronic Signature of Signing Officer or Director

Date