

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90014 038 \*\*\*\*61.25

DOCUMENT # N05000003617

1. Entity Name  
BARCLAY INDUSTRIAL PARK CONDOMINIUM  
ASSOCIATION, INC.



Principal Place of Business  
6757 55TH ST N  
PINELLAS PARK, FL 33781

Mailing Address  
6757 55TH ST N  
PINELLAS PARK, FL 33781

**DO NOT WRITE IN THIS SPACE**



01242008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
20-2847235

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FARRELL, MIKE  
6757 55TH ST N  
PINELLAS PARK, FL 33781

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME ROSS, CHUCK  
STREET ADDRESS 6701 55TH ST  
CITY-ST-ZIP PINELLAS PARK, FL 33781

TITLE P  
NAME NATOLI, JAN  
STREET ADDRESS 6801 55TH ST N  
CITY-ST-ZIP PINELLAS PARK, FL 33781

TITLE V  
NAME HUSSEY, KEVIN  
STREET ADDRESS 6741 55TH ST N  
CITY-ST-ZIP PINELLAS PARK, FL 33781

TITLE ST  
NAME FARRELL, ~~CHUCK~~ MIKE  
STREET ADDRESS 6757 55TH ST N  
CITY-ST-ZIP PINELLAS PARK, FL 33781

TITLE D  
NAME OLMES, TOM  
STREET ADDRESS 6763 55TH ST N  
CITY-ST-ZIP PINELLAS PARK, FL 33781

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 information.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/08

727 521 3939

Date

Daytime Phone #