

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001746

FILED
Mar 11, 2009
Secretary of State

Entity Name: BARRINGTON COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9456 PHILIPS HIGHWAY
SUITE 1
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

5455 A1A SOUTH
ST. AUGUSTINE, FL 32080

Current Mailing Address:

MAY MANAGEMENT
5455 A1A SOUTH
ST. AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 20-4402869 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAY MANAGEMENT SERVICES, INC.
5455 A1A SOUTH
ST. AUGUSTINE, FL 32080 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: DP () Delete
Name: ZAKOSKE, JOHN
Address: 9456 PHILIPS HIGHWAY, SUITE 1
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: DVP () Delete
Name: DEARING, MARK C.
Address: 9456 PHILIPS HIGHWAY, SUITE 1
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: DST () Delete
Name: RESTALL, SHELBY R
Address: 9456 PHILIPS HIGHWAY, SUITE 1
City-St-Zip: JACKSONVILLE, FL 32256 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DST (X) Change () Addition
Name: PORTER, ROBERT S
Address: 9456 PHILIPS HIGHWAY, SUITE 1
City-St-Zip: JACKSONVILLE, FL 32256 US

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 C. DEARING

VP

03/11/2009

Electronic Signature of Signing Officer or Director

Date