

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000001746

**FILED**  
**Apr 14, 2010**  
**Secretary of State**

**Entity Name:** BARRINGTON COVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5455 A1A SOUTH  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

**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  
Name: ZAKOSKE, JOHN  
Address: 5455 A1A S  
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

Title: DVP  
Name: DEARING, MARK C.  
Address: 5455 A1A S  
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

Title: DST  
Name: PORTER, ROBERT S  
Address: 5455 A1A S  
City-St-Zip: SAINT AUGUSTINE, FL 32080 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: ROBERT S PORTER

DST

04/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date