

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90201 050 ****61.25

DOCUMENT # N06000004288

1. Entity Name

**BARRINGTON CIRCLE OFFICE CONDOMINIUM
ASSOCIATION II, INC.**



Principal Place of Business

Mailing Address

**2509 BARRINGTON CIRCLE
TALLAHASSEE FL 32308**

**2509 BARRINGTON CIRCLE
TALLAHASSEE FL 32308**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

2509 Barrington Circle
Suite, Apt. #, etc.

2509 Barrington Circle
Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

City & State

Tallahassee, Florida

Tallahassee, FL

4. FEI Number

20-8835852

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALLACE, RON P
2509 BARRINGTON CIRCLE
TALLAHASSEE FL 32308**

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

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

(NOTE: Registered Agent signature required when re-registering.)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
JARRETT, JAMES A
2509 BARRINGTON CIRCLE
TALLAHASSEE FL 32308**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
WALLACE, RON P
2509 BARRINGTON CIRCLE
TALLAHASSEE FL 32308**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowered.

SIGNATURE:

James Jarrett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

850-531-0087

Deputy Phone #