

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

DOCUMENT # N06000004288

1. Entity Name

BARRINGTON CIRCLE OFFICE CONDOMINIUM
ASSOCIATION II, INC.



FILED

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

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



1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box # <i>2509 Barrington Circle</i>		3. Mailing Address <i>2509 Barrington Circle</i>	
Suite, Apt. #, etc. —		Suite, Apt. #, etc. —	
City & State <i>Tallahassee, Florida</i>		City & State <i>Tallahassee, FL</i>	
Zip <i>32308</i>	Country <i>USA</i>	Zip <i>32308</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent WALLACE, RON P 2509 BARRINGTON CIRCLE TALLAHASSEE FL 32308		7. Name and Address of New Registered Agent 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 reinstating) 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	
NAME STREET ADDRESS CITY ST-ZIP	PD JARRETT, JAMES A 2509 BARRINGTON CIRCLE TALLAHASSEE FL 32308	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY ST-ZIP
NAME STREET ADDRESS CITY ST-ZIP	STD WALLACE, RON P 2509 BARRINGTON CIRCLE TALLAHASSEE FL 32308	<input type="checkbox"/> Delete	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

850-531-0087
Dowling Phone #