
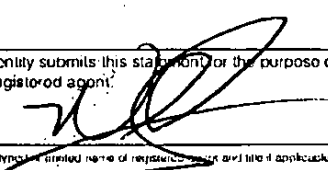
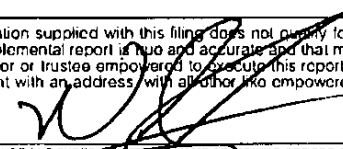


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2007 8:00 am
Secretary of State

04-23-2007 90068 018 ****61.25

DOCUMENT # N06000009744 1. Entity Name BARRINGTON CIRCLE OFFICE CONDOMINIUM ASSOCIATION IX, INC.			
Principal Place of Business 2509 BARRINGTON CIRCLE TALLAHASSEE FL 32308		Mailing Address 2509 BARRINGTON CIRCLE TALLAHASSEE FL 32308	
2. Principal Place of Business - No P.O. Box # 2010-2 Raymond Diehl Rd Suite, Apt. #, etc.		3. Mailing Address 2010-2 Raymond Diehl Rd Suite, Apt. #, etc.	
City & State Tallahassee FL Zip 32308 Country Leon		City & State Tallahassee FL Zip 32308 Country Leon	
4. FEI Number 1st MOORE CR2E037 (10/06)		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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 Walter Ales Jr. Street Address (P.O. Box Number is Not Acceptable) 2010-2 Raymond Diehl Rd City Tallahassee FL Zip Code 32308	
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  <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE 4/13/07	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PD NAME JARRETT, JAMES A STREET ADDRESS 2509 BARRINGTON CIRCLE CITY- ST- ZIP TALLAHASSEE FL 32308	<input checked="" type="checkbox"/> Delete	TITLE Officer/ PD NAME Walter Ales Jr. STREET ADDRESS 2010-2 Raymond Diehl Road CITY- ST- ZIP Tallahassee, FL 32308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE STD NAME WALLACE, RON P STREET ADDRESS 2509 BARRINGTON CIRCLE CITY- ST- ZIP TALLAHASSEE FL 32308	<input checked="" type="checkbox"/> Delete	TITLE STD NAME Pam Brungard STREET ADDRESS 2010-1 Raymond Diehl Rd CITY- ST- ZIP Tallahassee, FL 32308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 who empowered.			
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 4/13/07 <small>Date</small>	
		(850) 222-8060 <small>Daytime Phone #</small>	