


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90096 024 \*\*\*\*61.25

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| <b>DOCUMENT # N13033</b><br>1. Entity Name<br><b>BARCLAY BAY CONDOMINIUM ASSOCIATION, INC.</b>  |   |  |   |    |  |
| Principal Place of Business<br><b>4727 SW 13 AVE</b><br><b>CAPE CORAL, FL 33914 US</b>  |   |  | Mailing Address<br><b>P.O. BOX 100831</b><br><b>CAPE CORAL, FL 33910 US</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #  |   | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |   |   |  |
| City & State  |   | City & State   |   |   |  |
| Zip   | Country   | Zip  | Country   | 4. FEI Number<br><b>59-2628458</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |  |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>TEAGUE, GEORGE</b><br><b>PROFESSIONALLY YOURS, INC</b><br><b>2517 SANTA BARBARA BLVD STE 11</b><br><b>CAPE CORAL, FL 33904</b>  |   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2503 Del Prado Blvd. #500</b><br>City <b>Cape Coral</b> <b>FL</b> Zip Code <b>33904</b> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |  |   |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |   | <b>\$5.00 May Be</b><br><b>Added to Fees</b>  |  |
| <b>Make check payable to</b><br><b>Florida Department of State</b>  |   |  |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br><b>JOECKEN, MARILYN</b><br><b>4727 SW 13 AVE 101</b><br><b>CAPE CORAL, FL 33914</b> <input type="checkbox"/> Delete                 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <b>D</b><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br><b>RUCINSKI, JENNIFER</b><br><b>4727 SW 13 NE #103</b><br><b>CAPE CORAL, FL 33914</b> <input type="checkbox"/> Delete               |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br><b>BREDEK, SHARON</b><br><b>4717 SW 13TH AVE SUITE 207</b><br><b>CAPE CORAL, FL 33914</b> <input checked="" type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br><b>DAVIS, B. SCOTT</b><br><b>4727 SW 13TH AVE #204</b><br><b>CAPE CORAL, FL 33914</b> <input type="checkbox"/> Delete               |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br><b>LOMBARDO, CHUCK</b><br><b>4727 SW 13 AVE #104</b><br><b>CAPE CORAL, FL 33914</b> <input type="checkbox"/> Delete                 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <b>P</b><br><b>Theresa DeLuca</b><br><b>4727 SW 13 Ave. #105</b><br><b>CC FL 33914.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                    |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 |   |  |   |   |  |
| <b>SIGNATURE:</b> <i>Theresa DeLuca</i>   |   |  | <b>3-12-07</b>  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |  | Date  |   |  |
| Daytime Phone #   |   |  |   |   |  |