

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21395

1. Entity Name

BARRINGTON CONDOMINIUM ASSOCIATION, INC.

FILED
Aug 01, 2000 8:00 am
Secretary of State

04-21-2000 90051 040 ****61.25

Principal Place of Business

265 AIRPORT RD S
NAPLES FL 34104
US

Mailing Address

265 AIRPORT RD S
~~802 ANCHOR ROOF DR~~ Delete
NAPLES FL 34104-3518
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0030874

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARROLL, DENNIS
C/O R & P MANAGEMENT
265 AIRPORT RD S
NAPLES FL 34104

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME GOLDMAN, BENJAMIN
STREET ADDRESS 6660 ILEX CIR. 5-C
CITY-ST-ZIP NAPLES FL ☐ Delete

TITLE VPD
NAME LASSEN, MARVIN
STREET ADDRESS 1615 53RD ST.
CITY-ST-ZIP MOLINE IL 61265 ☒ Delete

TITLE SD
NAME ROMAN, JOHN
STREET ADDRESS PO BOX 811478 N A
CITY-ST-ZIP PT HURON MI 48060 ☐ Delete

TITLE OT
NAME SMITH, JAMES R.
STREET ADDRESS 5049 BEACH RD
CITY-ST-ZIP GREEN BAY WI ☐ Delete

TITLE D
NAME KLINE, JOSH
STREET ADDRESS 6680 ILEX CIR
CITY-ST-ZIP NAPLES FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP, D
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE T.D.
NAME JIM TRESS
STREET ADDRESS 500 5TH AVENUE PATTERSON HEIGHTS
CITY-ST-ZIP BEAVER FALLS, PA 15010 ☐ Change ☒ Addition

TITLE S.D.
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE P.D.
NAME
STREET ADDRESS 5049 EDGEWATER BEACH ROAD
CITY-ST-ZIP GREEN BAY WI 54311 ☒ Change ☐ Addition

TITLE D
NAME DARIA SWAB
STREET ADDRESS 6440 ILEX CIRCLE, 7-A
CITY-ST-ZIP NAPLES FL 34109 ☐ Change ☒ Addition

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-00 991-594-2805

Date

Daytime Phone #

CR2E037 (9/99)