

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21395

FILED  
Mar 23, 2007  
Secretary of State

Entity Name: BARRINGTON CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

265 AIRPORT RD S  
NAPLES, FL 34104 US

**New Principal Place of Business:**

**Current Mailing Address:**

265 AIRPORT RD S  
NAPLES, FL 34104 US

**New Mailing Address:**

FEI Number: 65-0030874      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SMITH, JIM  
Address: 6680 ILEX CIRCLE # 5-A  
City-St-Zip: NAPLES, FL 34109

Title: VPD ( ) Delete  
Name: TRESS, JAMES  
Address: 6680 ILEX CIRCLE #3-A  
City-St-Zip: NAPLES, FL 34109

Title: SD ( ) Delete  
Name: ROMAN, JOHN  
Address: 6650 ILEX CIRCLE #6-E  
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete  
Name: SAN CLEMENTE, CARLOS  
Address: 6680 ILEX CIRCLE # 3-C  
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete  
Name: LOVELESS, ELDON  
Address: 6670 LONE OAK 1-G  
City-St-Zip: NAPLES, FL 34109

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN CARROLL

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

03/23/2007

\_\_\_\_\_  
Date