

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21395

FILED
Mar 25, 2009
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: SAN CLEMENTE, CARLOS
Address: 6680 ILEX CIRCLE #3-C
City-St-Zip: NAPLES, FL 34109

Title: TD () Delete
Name: COZZOLINO, ROBERT
Address: 6670 ILEX CIRCLE # 4-D
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: PD (X) Change () Addition
Name: COZZOLINO, ROBERT
Address: 6670 ILEX CIRCLE #D
City-St-Zip: NAPLES, FL 34109

Title: VPD (X) Change () Addition
Name: SAN CLEMENTE, CARLOS
Address: 6680 ILEX CIRCLE #3-C
City-St-Zip: NAPLES, FL 34109

Title: SD (X) Change () Addition
Name: LOVELESS, ELDON
Address: 6770 LONE OAK BLVD #G
City-St-Zip: NAPLES, FL 34109

Title: TD (X) Change () Addition
Name: LOVELESS, ELDON
Address: 6770 LONE OAK BLVD. #G
City-St-Zip: NAPLES, FL 34109

Title: D (X) Change () Addition
Name: WORCESTER, CLARK
Address: 6680 ILEX CIRCLE #3D
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT COZZOLINO

PD

03/25/2009

Electronic Signature of Signing Officer or Director

Date