

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21395

FILED  
Apr 05, 2011  
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  
Name: WALDMAN, ROBERT  
Address: 6670 ILEX CIRCLE #H  
City-St-Zip: NAPLES, FL 34109

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

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

Title: TD  
Name: STOLTENBURG, DEREK  
Address: 6660 ILEX CIRCLE #B  
City-St-Zip: NAPLES, FL 34109

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT WALDMAN

PD

04/05/2011

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

\_\_\_\_\_  
Date