2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N21395

FILED Apr 29, 2003 Secretary of State

Entity Name: BARRINGTON CONDOMINIUM ASSOCIATION, INC.

Current	rincipal Pla	ce of Business:	New Princip	oal Place of Business:
	ORT RD S FL 34104	US		
Current N	lailing Addr	ess:	New Mailing	g Address:
	ORT RD S FL 34104	US		
FEI Number	: 65-0030874	FEI Number Applied For()	FEI Number Not Applica	able () Certificate of Status Desired ()
Name and	d Address of	Current Registered Agent:	Name and A	ddress of New Registered Agent:
265 AIRPO NAPLES, The above	MANAGEM ORT RD S FL 34104 U	S	purpose of changing its	registered office or registered agent, or both,
SIGNATU	RE:			
	Electr	onic Signature of Registered A	gent	Date
OFFICER	Electr		-	Date /CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address:	S AND DIRE	CTORS: () Delete BENJAMIN	-	
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	VPD GOLDMAN, I 6660 ILEX C NAPLES, FL TD TRESS, JIM 500 5TH AVE	CTORS: () Delete BENJAMIN	ADDITIONS Title: Name: Address:	CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip: Title: Name: Address:	VPD GOLDMAN, I 6660 ILEX C NAPLES, FL TD TRESS, JIM 500 5TH AVE BEAVER FAI	CTORS: () Delete BENJAMIN IR. 5-C () Delete E PATTERSON HEIGHT LLS, PA 15010 () Delete IN 478 NVA	ADDITIONS Title: Name: Address: City-St-Zip: Title: Name: Address:	/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	S AND DIRE VPD GOLDMAN, I 6660 ILEX C NAPLES, FL TD TRESS, JIM 500 5TH AVE BEAVER FAI SD ROMAN, JOH PO BOX 611 PT HURON, I PD SMITH, JAMI 5049 EDGEN	CTORS: () Delete BENJAMIN IR. 5-C () Delete E PATTERSON HEIGHT LLS, PA 15010 () Delete IN 478 NVA VII 48060 () Delete ES R. VATER BEACH ROAD	ADDITIONS Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	() Change () Addition () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BENJAMIN GOLDMAN VPD 04/29/2003