

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23389

FILED
Feb 27, 2009
Secretary of State

Entity Name: BARCLAY LANE CONDOMINIUM OF TALLAHASSEE, A CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business:

2910 KERRY FOREST PKWY, D4
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

2935 WHIRLAWAY TRAIL
TALLAHASSEE, FL 32309 US

Current Mailing Address:

2910 KERRY FOREST PKWY, D4
TALLAHASSEE, FL 32309 US

New Mailing Address:

2910 KERRY FOREST PKWY
D4, BOX 303
TALLAHASSEE, FL 32309 US

FEI Number: 59-3323121

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROJAS, KELLY
KELLY ASSOCIATION MANAGEMENT LLC
2910 KERRY FOREST PKWY, D4
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

ROJAS, KELLY
KELLY ASSOCIATION MANAGEMENT LLC
2935 WHIRLAWAY TRAIL
TALLAHASSEE, FL 32309 US

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: KELLY ROJAS

02/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DEAN, BARBARA
Address: 2007 HILL N DALE DRIVE NORTH
City-St-Zip: TALLAHASSEE, FL 32317

Title: DP () Delete
Name: BOLAND, MARGARET
Address: 4557-B BARCLAY LANE
City-St-Zip: TALLAHASSEE, FL 32309

Title: VST () Delete
Name: VENSEL, RUTH
Address: 4549-B BARCLAY LANE
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HOYLE, ERIN
Address: 4553B BARCLAY LANE
City-St-Zip: TALLAHASSEE, FL 32309

Title: D (X) Change () Addition
Name: BOLAND, MARGARET
Address: 4557-B BARCLAY LANE
City-St-Zip: TALLAHASSEE, FL 32309

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

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: ERIN HOYLE

P

02/27/2009

Electronic Signature of Signing Officer or Director

Date