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**NONPROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(8)

BARRETT COMMERCIAL CENTRE OWNERS' ASSOCIATION, I

**FILED** May 06 1998 8:00am Secretary of State

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|  | 110.                           |  |  |      |   |    | 9/1 1131/ 116/ FIFI 116/ 116/ |  |  |
|--|--------------------------------|--|--|------|---|----|-------------------------------|--|--|
| Pr   | rincipal Place of Business     | Mailing Address                                      |  |      |   |    |                               |  |  |
| C/O DAVID A. BARRETT<br>111 SOUTH MONROE STREET SUITE 3000<br>TALLAHASSEE FL 82301 |                                | 111 S. MONROE STREET<br>3000<br>TALLAHASSEE FL 32301 |  |      | Date Incorporated or Qualified     04/25/1989   |    |                               |  |  |
|  |                                | US   |  |      | 4. FEI Number   | _  | Applied For                   |  |  |
| _  |                                |  |  |      | 59-3052557  | ᆚ  | Not Applicable                |  |  |
| 2. Principal Place of Business 2a. Maiting Address 26                              |                                | <del> </del>   |  |      | 5. Certificate of Status Desired Section 5. Section 5. Section 5. Section 5. Section 6. |    |                               |  |  |
| Suite, Apt. #, etc.  |                                | Suite, Apt. #, etc.                                  |  | -    | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees  |    |                               |  |  |
| City & State   |                                | City & State   |  |      | 7. Is this nonprofit corporation a homeowners association?  |    |                               |  |  |
| !4   | Zip Country 25                 | Zip Cou<br>29 30                                     |  | 1    | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No  |    |                               |  |  |
|  | 9. Name and Address of Current | Registered Agent                                     | 10. Name and Address of New Registered Agent |      |   |    |                               |  |  |
|  | DARRETT BANKS 4                |  | 81   | Name |   |    |                               |  |  |
| 111 S. MONROE ST., SUITE 3000  |                                |  | 82   |      |   |    |                               |  |  |
|  |                                |  | 83   |      |   |    |                               |  |  |
|  |                                |  | 84   | City | FL <sup>1</sup>   | 35 | Zip Code                      |  |  |
|  |                                | <del></del>  |  | L    |   |    |                               |  |  |

| 11. Pursuant to the provisions of Sections 617.0502 and 617.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. |  |          |                            |  |                 |  |  |  |  |  |  |  |  |
|---|--|----------|----------------------------|--|-----------------|--|--|--|--|--|--|--|--|
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  DATE  |  |          |                            |  |                 |  |  |  |  |  |  |  |  |
| 12,   | Signature, typed or printed name of registered agent and little<br>OFFICERS AND DIRE |          | Registered Agent signature | ADDITIONS/CHANGES TO OFFICERS AND DIRECT | ODC IN 12       |  |  |  |  |  |  |  |  |
| <del></del>   | OFFICERS AND DIRE  | DELETE   | <del></del>                | ADDITIONS/CHANGES TO OFFICERS AND DIRECT |                 |  |  |  |  |  |  |  |  |
| TITLE   | PARRETT DAVID A  | □ nertic | 1.1 TITLE                  | Li Own                                   |                 |  |  |  |  |  |  |  |  |
| NAME  | BARRETT, DAVID A.  |          | 1.2 NAME                   |  | 15              |  |  |  |  |  |  |  |  |
| STREET ADDRESS  | 111 S. MONROE, SUITE 3000  |          | 1.3 STREET ADDRESS         |  | ប្រ័            |  |  |  |  |  |  |  |  |
| CITY-ST-ZIP   | TALLAHASSEE FL   |          | 1.4 CITY - ST - ZIP        |  | 8               |  |  |  |  |  |  |  |  |
| TITLE   | D  | DELETE   | 2.1 TITLE                  | ☐ Chang                                  | ge 🔲 Addition 🕻 |  |  |  |  |  |  |  |  |
| NAME  | BARRETT, RICA A.   |          | 2.2 NAME                   |  |                 |  |  |  |  |  |  |  |  |
| STREET ADDRESS  | 111 S. MONROE, SUITE 3000  |          | 2.3 STREET ADDRESS         |  |                 |  |  |  |  |  |  |  |  |
| CITY-ST-ZIP   | TALLAHASSEE FL   |          | 2. 4 CITY-ST-ZIP           |  |                 |  |  |  |  |  |  |  |  |
| TITLE   | 0  | ☐ DELETE | 3.1 TITLE                  | Chang                                    | e Addition      |  |  |  |  |  |  |  |  |
| NAME  | LYNN, KEVIN  |          | 3.2 NAME                   |  |                 |  |  |  |  |  |  |  |  |
| STREET ADDRESS  | -1549 COLONIAL DR  |          | 3.3 STREET ADDRESS         | QUO. R. 7th Are                          |                 |  |  |  |  |  |  |  |  |
| CITY-ST-ZIP   | TALLAHASSEE FL   |          | 3.4. CITY-ST-ZIP           | JAJIAHALICE FI                           |                 |  |  |  |  |  |  |  |  |
| TITLE   |  | DELETE   | 4.1 TITLE                  | Chang                                    | je Addition     |  |  |  |  |  |  |  |  |
| NAME  |  |          | 4. 2 NAME                  |  |                 |  |  |  |  |  |  |  |  |
| STREET ADDRESS  |  |          | 4.3 STREET ADDRESS         |  |                 |  |  |  |  |  |  |  |  |
| CITY-ST-ZIP   |  |          | 4.4 CITY - ST - ZIP        |  |                 |  |  |  |  |  |  |  |  |
| TITLE   |  | DELETE   | 5.1 TITLE                  | ☐ Chang                                  | e Addition      |  |  |  |  |  |  |  |  |
| NAME  |  |          | 5.2 NAME                   |  |                 |  |  |  |  |  |  |  |  |
| STREET ADDRESS  |  |          | 5.3 STREET ADDRESS         |  |                 |  |  |  |  |  |  |  |  |
| CITY+ST-ZIP   |  |          | 5.4 CITY-ST-ZIP            |  |                 |  |  |  |  |  |  |  |  |
| TITLE   |  | ☐ DELETE | 6.1 TITLE                  | ☐ Chang                                  | e 🔲 Addition    |  |  |  |  |  |  |  |  |
| NAME  | e  |          | 6.2 NAME                   | 300002513013                             | VN.             |  |  |  |  |  |  |  |  |
| STREET ADDRESS  |  |          | 6.3 STREET ADDRESS         | - <del>05/06/98</del> 01038022           | 7,4/            |  |  |  |  |  |  |  |  |
|   |  |          |                            | www.C1 OC                                | 1 9/            |  |  |  |  |  |  |  |  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

4/20/98

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