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May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N46244**

(2)

1. Corporation Name

BARRINGTON HOMEOWNERS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 2164
LUTZ FL 33549
USP.O. BOX 2164
LUTZ FL 33548-2164
US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/02/1991	3a. Date of Last Report 02/07/1996
21		26		4. FEI Number 59-3115119	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHANDLER, SUZANNE C
17713 SUNRISE DR
LUTZ FL 3549

81 Name	Elizabeth A. Livesay
82 Street Address (P.O. Box Number is Not Acceptable)	17832 Morninghigh Dr.
83	
84 City	Lutz
85 State	FL
86 Zip Code	33549

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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

Elizabeth A. Livesay/TD**Elizabeth A. Livesay 1-24-97**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	VILLAR, LINDA	1.2 NAME	Robert Rio
STREET ADDRESS	17704 RIVENDEL RD	1.3 STREET ADDRESS	17821 Morninghigh Dr.
CITY-ST-ZIP	LUTZ FL	1.4 CITY-ST-ZIP	Lutz, FL 33549
TITLE	SD	2.1 TITLE	SD
NAME	HODGE, CATHERINE	2.2 NAME	Richard m. Livesay
STREET ADDRESS	17813 SUNRISE DR	2.3 STREET ADDRESS	17832 Morninghigh Dr.
CITY-ST-ZIP	LUTZ FL	2.4 CITY-ST-ZIP	Lutz FL 33549
TITLE	TD	3.1 TITLE	TD
NAME	CHANDLER, SUZANNE C	3.2 NAME	Elizabeth A. Livesay
STREET ADDRESS	17713 SUNRISE DR	3.3 STREET ADDRESS	17832 Morninghigh Dr.
CITY-ST-ZIP	LUTZ FL	3.4 CITY-ST-ZIP	Lutz, FL 33549
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Elizabeth A. Livesay/TD

1-24-97

83-949-7218

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0040011

CR2E037 (9/96)