

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49900

FILED
Apr 10, 2008
Secretary of State

Entity Name: BARRINGTON CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1044 CASTELLO DRIVE
SUITE #206
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

1044 CASTELLO DRIVE
SUITE #206
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 65-0352257

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOUTHWEST PROPERTY MANAGEMENT
1044 CASTELLO DRIVE
SUITE 206
NAPLES, FL 34103 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: D () Delete
Name: ENGLISH, MARK
Address: 7045 BARRINGTON CIR #101
City-St-Zip: NAPLES, FL 34108

Title: P () Delete
Name: JOHNSON, IRMA
Address: 7049 BARRINGTON CIRCLE #101
City-St-Zip: NAPLES,, FL 34109

Title: S () Delete
Name: ATEACHENAS, CONSTANCE
Address: 7087 BARRINGTON CIR #202
City-St-Zip: NAPLES, FL 34108

Title: VP () Delete
Name: GRAFFEO, JOAN
Address: 7046 BARRINGTON CIRCLE #101
City-St-Zip: NAPLES, FL 34108

Title: T () Delete
Name: ISSENMANN, JIM
Address: 7088 BARRINGTON CIRCLE #202
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: NOVAK, PATRICIA
Address: 7092 BARRINGTON CIR #102
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: IRMA JOHNSON

P

04/10/2008

Electronic Signature of Signing Officer or Director

Date