## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Feb 26 1998 8:00am

Secretary of State

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Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE:

(6)

BARCLEY ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address				L IBBILITALI BUL BIJOH HIJOH HIJOH FRUIR F						
1135 PASADENA AVE., SOUTH		1135 PASADENA AVE., SOUTH STE. 140 ST. PETERSBURG FL 33707		-	3. Date incorporated or Qualified					
STE. 140   St. Petersburg fl. 33707					10/09/1992					
OI. PETENSOU	ind FE 33707	SI. PETENODONO PE SOTO			ľ	4. FEI Number		Ap	plied For	
						NOT APPLICABLE		No	t Applicable	
Principal Place of Business     Section		2a. Malling Address 26			5. Certificate of Status Desired		\$8.75 Additional Fee Required			
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing	_		May Be	
22 City & City	10	City & State				Trust Fund Contribution		dded to		
City & State		$\vdash$			7. Is this nonprofit corporation a homeowners association?					
Zip	Country	Country Zip Co		untry 8. This corporation owe		<del></del> <del></del>	or has paid the current year intangible			
24	25		30		- 1	Personal Property Tax due June 3	·		] No	
	9. Name and Address of Curren		,			10. Name and Address of New Reg				
			81	Name	,					
BYRNES, GENTRY B.			82	Street	Street Address (P.O. Box Number is Not Acceptable)					
	ITH AVE. N.	DE SUPPLAC		nuuios	a (1.0. box rumber is not Acceptable	"				
	ERSBURG FL 33702		83							
			84	City			85	l Zin í	Code	
			"	Ony	•	•	FL ∣°°	Zip .	J00 <del>0</del>	
11. Pursuant office or agent. I a	to the provisions of Sections 617.050; registered agent, or both, in the State am familiar with, and accept the obliga	2 and 617.1508, Florida Statute of Florida. Such change was a ations of Section 617.0503, Flo	s, the above authorized by orida Statutes	a-named / the cor	d corpora rporation	ation submits this statement for the pu 's board of directors, I hereby accept	rpose of char the appointm	nging it ent as	s registered registered	
SIGNATURE				•						
	Signature, typed or printed name of registered ages	<del></del>	Registered Age	int signatur	re required v		DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE				
TITLE	VD	☐ DEL <b>et</b> e	1.1 TITLE				L	hange	Addition	
NAME	FEHER, GEORGE		1.2 NAME			•				
STREET ADDRESS	8675 15TH LANE NORTH		1.3 STREET							
CITY-ST-ZIP	ST PETERSBURG FL	DELETE	1.4 CITY-S	T-ZIP	<del> </del> —				1 addition	
TITLE	TD YEE, PHILIP	C) otrest	2.1 TITLE		1		<u>.                                    </u>	hange	Addition	
NAME CARLET ADDRESS	8601 15YTH WAY NORTH		2.2 NAME							
STREET ADDRESS	ST. PETERSBURG FL		2.3 STREET ADDRESS							
CITY-ST-ZIP TITLE	80	DELETE	2. 4 CITY - 5 3.1 TITLE	ST-ZIP	<del> </del> -		П	hange	Addition	
NAME	GRAINGER, KIM		3.1 TITLE 3.2 NAME					i ka i i jo		
STREET ADDRESS	1301 86TH TERRACE LANE			ADDRESS						
CITY-ST-ZIP	ST PETERSBURG FL	OT DETEROPISES EI								
TITLE	PD	DELETE	3.4. CITY-5	)   - LII				hange	☐ Addition	
NAME	WATERS, RONALD C	<del></del>	4. 2 NAME							
STREET ADDRESS	1300 88TH AVE., NORTH		4.3 STREET	address						
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY-S							
TITLE		DELETE	5.1 TITLE					hange	Addition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET	ADDRESS					1	
CITY-ST-ZIP			5.4 CITY - S	T-ZIP	<u> </u>					
TITLE		DELETE	6.1 TITLE					hange	Addition	
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET	ADDRESS						
CITY-ST-ZIP			6.4 CITY-S							
indicated officer or	certify that the information supplied will on this annual report or supplemental director of the corporation or the rece or Block 13 if changed, or on an attag	l annual report is true and accu iyan or trustee empowered to g	r the exempt urate and that execute this r	ion state at my sig report as	ed in Sec gnature s s require	ction 119.07(3)(I), Florida Statutes. I fu shall have the same legal effect as if m id by Chapler 617, Florida Statutes; an	rther certify ti nade under o nd that my na	nat the ath; tha me app	information t I am an pears in	