2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N93000004349

Entity Name: BARRINGTON OF ROCKLEDGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

BARRINGTON OF ROCKLEDGE
ROCKLEDGE, FL 32956 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 560054
ROCKLEDGE, FL 32956 US

New Mailing Address:

FEI Number: 59-3225979 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUZZY, JOHN
1809 HENSLEY DR
ROCKLEDGE, FL 32955 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:	PD	( ) Delete
Name:	MUZZY, JOHN	
Address:	1809 HENSLEY DR	
City-St-Zip:	ROCKLEDGE, FL 32955	
Title:	VPD	( ) Delete
Name:	O'NEILL, ROBERT	
Address:	1834 BARRINGTON CIRCLE	
City-St-Zip:	ROCKLEDGE, FL 32955	
Title:	TD	( ) Delete
Name:	WIDMANN, WENDY	
Address:	1914 BARRINGTON CIRCLE	
City-St-Zip:	ROCKLEDGE, FL 32955	
Title:	SD	( ) Delete
Name:	GORDIE, RENEE	
Address:	1854 BARRINGTON CIRCLE	
City-St-Zip:	ROCKLEDGE, FL 32955	
Title:	D	( ) Delete
Name:	COVERT, DAVID R	
Address:	1911 BARRINGTON CIRCLE	
City-St-Zip:	ROCKLEDGE, FL 32955	
Title:	D	( ) Delete
Name:	GOETZ, DAVID	
Address:	1823 BARRINGTON CIRCLE	
City-St-Zip:	ROCKLEDGE, FL 32955	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	PARGAS, ADRIANA	
Address:	1846 BARRINGTON CIRCLE	
City-St-Zip:	ROCKLEDGE, FL 32955	
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: JOHN MUZZY PD 04/29/2009

Electronic Signature of Signing Officer or Director — Date