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FILED
Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000003728 (9)**
1. Corporation Name
THE BARBER CENTER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 4902 HIDDEN OAKS TRAIL SARASOTA FL 34232	Mailing Address 4902 HIDDEN OAKS TRAIL SARASOTA FL 34232
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3. Date Incorporated or Qualified 06/27/1997	
4. FEI Number 65 0816339	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 479 INTERSTATE CT.	2a. Mailing Address 479 INTERSTATE CT.
21. Suite, Apt. #, etc.	28. Suite, Apt. #, etc.
22. City & State SARASOTA FL	27. City & State SARASOTA FL
23. Zip 34240	29. Zip 34240
24. Country	30. Country

9. Name and Address of Current Registered Agent

**SABA, RICHARD D
2033 MAIN ST. STE. 303
SARASOTA FL 34237**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	WYATT, JERRY R
STREET ADDRESS	4902 HIDDEN OAKS TRAIL
CITY-ST-ZIP	SARASOTA FL 34232
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WYATT, CAROLE V
STREET ADDRESS	4902 HIDDEN OAKS TRAIL
CITY-ST-ZIP	SARASOTA FL 34232
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GREENFIELD, STEVEN E
STREET ADDRESS	4902 HIDDEN OAKS TRAIL
CITY-ST-ZIP	SARASOTA FL 34232
TITLE	D <input type="checkbox"/> DELETE
NAME	ROBERT J. WYATT
STREET ADDRESS	479 INTERSTATE CT
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	D <input type="checkbox"/> DELETE
NAME	SHAWN WYATT D
STREET ADDRESS	479 INTERSTATE CT
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	D <input type="checkbox"/> DELETE
NAME	CAROLE JAVIAU
STREET ADDRESS	2437 BRIAR OAK CIRCLE
CITY-ST-ZIP	JANESVILLE FL 34232

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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: *[Signature]* **JERRY R. WYATT** 4/10/98 941378-1193

CR2E037 (10/97)