2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# N97000003728

Entity Name: THE BARBER CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1965 BARBER RD
SARASOTA, FL 34240 US

New Principal Place of Business:

Current Mailing Address:

1965 BARBER RD
SARASOTA, FL 34240 US

New Mailing Address:

FEI Number: 65-0816339 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EISS, DENNIS H
7630 PESARO DRIVE
SARASOTA, FL 34238 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:	P	( ) Delete
Name:	EISS, DENNIS	
Address:	1961 BARBER RD	
City-St-Zip:	SARASOTA, FL 34240	
Title:	T	( ) Delete
Name:	ELIZABETH, EISS	
Address:	1961 BARBER RD	
City-St-Zip:	SARASOTA, FL 34240	
Title:	D	( ) Delete
Name:	PERRY, JAY	
Address:	1935 BARBER RD	
City-St-Zip:	SARASOTA, FL 34240	
Title:	D	( ) Delete
Name:	BINNS, TOM	
Address:	1953 BARBER RD	
City-St-Zip:	SARASOTA, FL 34240	
Title:	VP	(X) Delete
Name:	SIRCEY, MICHAEL	
Address:	1933 BARBER RD	
City-St-Zip:	SARASOTA, FL 34240	
Title:	S	( ) Delete
Name:	KAREN, LAMONTE	
Address:	1947 BARBER RD	
City-St-Zip:	SARASOTA, FL 34240	

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:	VP	(X) Change ( ) Addition
Name:	BINNS, TOM	
Address:	1953 BARBER RD	
City-St-Zip:	SARASOTA, FL 34240	
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: DENNIS H. EISS P 03/30/2009
Electronic Signature of Signing Officer or Director — Date