

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90092 034 ****61.25

DOCUMENT # N98000001250

1. Entity Name
THE BARRINGER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
 777 NORTH HIGHWAY A1A #201 777 NORTH HIGHWAY A1A #201
 INDIALANTIC FL 32903 INDIALANTIC FL 32903-3049



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-3494629 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MOSLEY, CURTIS R
1221 EAST NEW HAVEN AVENUE
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name: **Susan Block**
 Street Address (P.O. Box Number is Not Acceptable): **1845 N. Highway A1A # 501**
 City: **INDIALANTIC** FL Zip Code: **32903**

8. 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: DATE: _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DOWNES, THOMAS M	
STREET ADDRESS	1395 1A, UNIT 402	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DOWNES, KIMBERLY	
STREET ADDRESS	1395 A 1 A UNIT #402	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	RAY, BONNIE L	
STREET ADDRESS	1395 A 1 A UNIT #402	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LITTLE, ANDY	
STREET ADDRESS	1845 N. Highway A1A #402	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McHenry, MAC	
STREET ADDRESS	1845 N. Highway A1A #502	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAKER, Ruby	
STREET ADDRESS	1845 N. Highway A1A #203	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Block, Susan	
STREET ADDRESS	1845 N. Hwy A1A # 501	
CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shuler, Linda	
STREET ADDRESS	1835 N. Hwy A1A #601	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)