

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90050 020 \*\*\*\*61.25

**DOCUMENT # N98000001250**

1. Entity Name

**THE BARRINGER CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

777 NORTH HIGHWAY A1A #201  
 INDIALANTIC FL 32903

Mailing Address

777 NORTH HIGHWAY A1A #201  
 INDIALANTIC FL 32903

A0022131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1845 N. Hwy A1A

3. Mailing Address

1845 N. Hwy A1A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

INDIALANTIC, FL

City & State

INDIALANTIC, FL

4. FEI Number

59-3494629

Applied For

Not Applicable

Zip

32903

Country

Brevard

Zip

32903

Country

Brevard

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLACK, SUSAN  
 1845 N HWY A1A # 501  
 INDIALANTIC FL 32903

7. Name and Address of New Registered Agent

Name: BEN Shuler  
 Street Address (P.O. Box Number is Not Acceptable): 1835 North Highway A1A #601  
 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

*Ben J. Shuler*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 NAME	PD LITTLE, ANDY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1845 N. HIGHWAY A1A #402	
CITY-ST-ZIP	INDIALANTIC BEACH FL 32903	
TITLE NAME	VD MCHENRY, MAC	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1845 N. HIGHWAY A1A #502	
CITY-ST-ZIP	INDIALANTIC BEACH FL 32903	
TITLE NAME	SD BAKER, RUBY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1845 N. HIGHWAY A1A #203	
CITY-ST-ZIP	INDIALANTIC BEACH FL 32903	
TITLE NAME	TD BLOCK, SUSAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1845 N. HIGHWAY A1A #501	
CITY-ST-ZIP	INDIALANTIC BEACH FL 32903	
TITLE NAME	D SHULER, SUSAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1835 N. HIGHWAY A1A #601	
CITY-ST-ZIP	INDIALANTIC BEACH FL 32903	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD BEN Shuler	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1835 N. Highway A1A #601	
CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE NAME	VPD Tyree Harris	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1835 North Highway A1A #202	
CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE NAME	SD Marilyn Zionik	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1845 North Highway A1A #701	
CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE NAME	TD Jan Severson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1845 North Highway A1A #703	
CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE NAME	Bob Rowland	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1845 North Highway A1A #201	
CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

FEB. 5, 2001

321-777-6617

CR2E037 (10/00)