


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000001250</b> 1. Entity Name <b>THE BARRINGER CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business 1845 N HWY A1A INDIALANTIC FL 32903	Mailing Address 1845 N HWY A1A INDIALANTIC FL 32903
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	1st MOORE CR2E037 (10/06)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
Country	Country	Country

4. FEI Number <b>59-3494629</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> DEPENDABLE PROPERTY MANAGEMENT LLC 1300 PINETREE DRIVE SUITE 9 INDIAN HARBOUR BEACH FL 32937
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *John M. Thomson* **John M. Thomson** **TREASURER** **7 FEB 07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	TD	<input type="checkbox"/> Delete
NAME	THOMSON, JOHN	
STREET ADDRESS	1845 NORTH HWY A1A #502A	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SHULER, BEN	
STREET ADDRESS	1835 N. HIGHWAY A1A 6015	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAVANAGH, DANIEL J	
STREET ADDRESS	1845 NORTH HWY A1A #503	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, CHARLIE	
STREET ADDRESS	1845 NORTH HWY A1A #403	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIBERTO, SAM	
STREET ADDRESS	1845 NORTH HWY A1A #401	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 exemptions contained in Section 119, 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: *John M. Thomson* **John M. Thomson** **TREASURER** **7 FEB 07**

321.951.5383