2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# N98000001973

Entity Name: BARRIER ISLAND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3000 OCEAN SHORE BLVD.
ORMOND BY THE SEA, FL 32176

New Principal Place of Business:

Current Mailing Address:

3000 OCEAN SHORE BLVD.
ORMOND BY THE SEA, FL 32176

New Mailing Address:

FEI Number: 59-3515994 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHANCAS, STEVE
1519 PINE AVE.
OCALA, FL 34478 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:	DP	( ) Delete
Name:	MAGNUSSON, PAUL	
Address:	3000 OCEAN SHORE BLVD., 2	
City-St-Zip:	ORMOND BEACH, FL 32176	
Title:	DV	( ) Delete
Name:	NICHOLS, CARMEN	
Address:	P.O. BOX 536	
City-St-Zip:	OCALA, FL 34478	
Title:	DTS	( ) Delete
Name:	CHANCAS, STEVE	
Address:	1519 PINE AVE.	
City-St-Zip:	OCALA, FL 34474	
Title:	DV	(X) Delete
Name:	BEADEL, LINDA	
Address:	6610 NW 95TH LANE	
City-St-Zip:	POMPANO BEACH, FL 33076	
Title:	DV	(X) Delete
Name:	HALLENBECK, JEAN	
Address:	3000 OCEAN SHORE BLVD.	
City-St-Zip:	ORMOND BEACH, FL 32176	

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:	( ) 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: PAUL MAGNUSSON PRES 01/06/2009

Electronic Signature of Signing Officer or Director — Date