


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000004259</b> 1. Entity Name <b>BARBER STREET TRADE CENTER PROPERTY OWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>1249 LARKSPUR STREET SEBASTIAN, FL 32958</b>	Mailing Address <b>1249 LARKSPUR STREET SEBASTIAN, FL 32958</b>
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04122007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0875108</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>SCHULKE, GLORIA J 1249 LARKSPUR STREET SEBASTIAN, FL 32958</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHULKE, WILLIAM J 1249 LARKSPUR STREET SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS SCHULKE, GLORIA J 1249 LARKSPUR STREET SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCHULKE, JOSEPH W 1249 LARKSPUR STREET SEBASTIAN, FL 32958
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<p>U00000712440 04/26/07-80045-023 61.25</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Gloria J. Schulke* **4/12/07 772.388.1876**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**GLORIA J. SCHULKE, SEC/TREA.**