

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2005 8:00 am
Secretary of State

09-12-2005 90006 010 ***150.00

50066588



08312005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000057389 1. Entity Name BARRACK ASSOCIATION MANAGEMENT OF FLORIDA, INC.			
Principal Place of Business 12644 RESEARCH PARKWAY ORLANDO, FL 32826		Mailing Address 12644 RESEARCH PARKWAY ORLANDO, FL 32826	
2. Principal Place of Business <i>3660 Maguire Blvd.</i> Suite, Apt. #, etc. <i>Suite 250</i> City & State <i>Orlando FL</i> Zip <i>32803</i> Country <i>USA</i>		3. Mailing Address <i>21165 Whitfield Pl.</i> Suite, Apt. #, etc. <i>Suite 105</i> City & State <i>Potomac Falls VA</i> Zip <i>20165</i> Country <i>USA</i>	
4. FEI Number 56-2365359		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent MARLOWE, MICHAEL L 1150 LOUISIANA AVENUE SUITE 4 WINTER PARK, FL 32789	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRACK, DAVID W 21165 WHITFIELD PLACE, SUITE 105 POTOMAC FALLS, VA 20165	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 607, 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: <i>David W. Barrack</i> <i>[Signature]</i> <i>9/7/05</i> <i>703-433-2520</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

ATTACHMENT

50066588



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 31, 2005

BARRACK ASSOCIATION MANAGEMENT OF FLORIDA, INC.
21165 WHITFIELD PLACE
STE 105
POTOMAC FALLS, VA 20165

~~SUBJECT: BARRACK ASSOCIATION MANAGEMENT OF FLORIDA, INC.~~
Ref. Number: P03000057389

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tina Roberts
Document Specialist

Letter Number: 105A00054859