## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## 1998 DOCUMENT # P94000061238 (9) BARRINGTON HOMES, INC.

**FILED** Jan 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							#	
# 1101 N LAKE DESTINY DRIVE SUITE 400 1643 STERLING SILVER BL MAITLAND FL 32751 DELTONA FL 32725 US					DO NOT WRITE IN	THIS SPACE		
		03			3. Date Incorporated or Qualified	ITIIO OF ACE	,,	
					08/15/1994			
Principal Place of Business     2a. Mailing Address				<b></b>	4. FEI Number		Applied For	
21		26 1101 N. LAK	e Des	TINYPK	62-1593322	_/	Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additlonal Required	
City & Stat	e	City & State	FL		6. Election Campaign Financing		May Be	
Zip	Country	28 MAITIANO	Cou	<del>e'</del>	Trust Fund Contribution		d to Fees	
24	25			runge	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	e current year	intangible  No	
	9. Name and Address of Curre	70.	50, -,		10. Name and Address of New Regist			
DE	LGUIDICE, CHRISTOPHER			81 Name			. 1	
119	1101 N LAKE DESTINY DRIVE SUITE 400				dress (P.O. Box Number is Not Acceptable)			
MAITLAND FL 32751					( i.e. Bex names is not neceptable)			
				83				
			ļ	84 City		85 Zi	p Code	
						┡┖┈┆	•	
office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig	U2 and 607.1508, Florida Statute e of Florida. Such change was at gations of, Section 607.0505, Flor	s, the at uthorized rida Stati	ove-named corp i by the corporatutes.	poration submits this statement for the purp tion's board of directors. I hereby accept the	se of changing appointment	its registered as registered	
SIGNATURE	Signature, typed or printed name of registered ag		0	<b></b>				
12,		ent and little if applicable. [NOTE:	13.	Agent signature requir	ADDITIONS/CHANGES TO OFFICERS	ATE S AND DIRECTO	DBS IN 12	
TITLE	DP	DELETE	1,1 10	LE	ABBITIONS/OFFAIGLE TO STRICE	☐ Change		
NAME	DELGUIDICE, CHRISTOPHER	7	1,2 NA	ME		_ •		
STREET ADDRESS	AAAA MAAAA DEGERAL DEGERAL AAA			REET ADDRESS				
CITY-ST-ZIP	MAITLAND FL		1.4 CII	ry-st-zip				
TITLE	DST	☐ DELETE	2.1 77	LE		☐ Change	e 🔲 Addition	
NAME	DELGUIDICE, LISA		2.2 NA	ME				
STREET ADDRESS				REET ADDRESS				
CITY - ST - ZIP	MAITLAND FL		2. 4 CI	TY-ST-ZIP				
TITLE	DVP	☐ DELETE	3.1 111	LE		L Change	e LAddition	
NAME	DELGUIDICE, FRED			WE				
STREET ADDRESS	ASSITI AND FI			REET ADDRESS				
CITY-ST-ZIP	MMILMIND FL	☐ DELETE		TY-ST-ZIP		☐ Change	e Addition	
TITLE		☐ DETEIE	4.1 TIT			change	; Addition	
NAME STREET ADDRESS			4.2 N/	reet address				
CITY-ST-ZIP				Y-ST-ZIP				
TITLE		☐ DELETE	5.1 TIT			Change	Addition	
NAME			5.2 NA				_ "	
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP				
TITLE		☐ DELETE	6.1 TIT			☐ Change	e 🔲 Addition	
NAME :			6.2 NA	ME				
STREET ADDRESS			6.3 ST	REET ADDRESS			ļ	
CITY-ST-ZIP			•	Y-ST-ZIP				
	ertify that the information supplied v	vith this filing does not qualify for			Section 119.07(3)(i), Fiorida Statutes. I furth	er certify that the	ne information	