
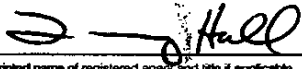



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90353 029 ****61.25

DOCUMENT # N27824			
1. Entity Name BARBERRY HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 70 SUNSET ST SATELLITE BCH, FL 32937 US		Mailing Address PO BOX 372670 582 Hwy A1A SATELLITE BCH, FL 32937 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		02012005 Chg-NP CR2E037 (10/03)	
		4. FEI Number 59-2911573	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HALL, LARRY PO BOX 372670 582 Hwy A1A SATELLITE BCH, FL 32937		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 		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, TOM	NAME	
STREET ADDRESS	58 SUNSET ST	STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENEDUCI, CARL	NAME	Beneduci, Carl
STREET ADDRESS	26 SUNSET ST	STREET ADDRESS	36 Sunset St.
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	CITY-ST-ZIP	Satellite, Bch Fl. 32937
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HINEBAUGH, KIERSTON	NAME	Sandra Wilson
STREET ADDRESS	48 SMITH CT	STREET ADDRESS	7.5 Village St.
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	CITY-ST-ZIP	Satellite Bch, Fl. 32937
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACDONAGH, RICHARD	NAME	
STREET ADDRESS	56 SUNSET ST	STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BCH, FL 32937	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerry Faucett	NAME	
STREET ADDRESS	71 Village St.	STREET ADDRESS	
CITY-ST-ZIP	Satellite Bch, Fl. 32937	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ron Hinebaugh	NAME	
STREET ADDRESS	48 Smith Ct.	STREET ADDRESS	
CITY-ST-ZIP	Satellite Beach, Fl. 32937	CITY-ST-ZIP	
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 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: 		DATE	
Signature and typed or printed name of signing officer or director		Daytime Phone #	