

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27824

FILED  
Feb 18, 2009  
Secretary of State

Entity Name: BARBERRY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

70 SUNSET ST  
SATELLITE BCH, FL 32937 US

**New Principal Place of Business:**

**Current Mailing Address:**

222 SURF ROAD  
MELBOURNE BEACH,, FL 32951 US

**New Mailing Address:**

FEI Number: 59-2911573      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOOD, PHYLLIS K  
98 VILLAGE ST.  
SATELLITE BEACH, FL 32937 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: P ( ) Delete  
Name: LAPENTER, THOMAS  
Address: 68 SUNSET STREET  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VP ( ) Delete  
Name: DOETSCH, CHRISTINE  
Address: 67 SUNSET STREET  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: S/T ( ) Delete  
Name: WOOD, PHYLLIS  
Address: 98 VILLAGE ST  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D ( ) Delete  
Name: SANDERS, THOMAS J  
Address: 58 SUNSET STREET  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D ( ) Delete  
Name: CHARLES, SINK  
Address: 1145 N. RIVERSIDE DRIVE  
City-St-Zip: INDIALANTIC, FL 32903

**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: THOMAS LAPENTER

Electronic Signature of Signing Officer or Director

PRES

02/18/2009

\_\_\_\_\_ Date