

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Sep 03, 2009  
Secretary of State**

DOCUMENT# N27824

**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:**MACY, JAMES D  
222 SURF ROAD  
MELBOURNE BEACH,, FL 32951 US

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: JAMES D. MACY

09/03/2009

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 32937Title: VP ( ) Delete  
Name: DOETSCH, CHRISTINE  
Address: 67 SUNSET STREET  
City-St-Zip: SATELLITE BEACH, FL 32937Title: S/T ( ) Delete  
Name: WOOD, PHYLLIS  
Address: 98 VILLAGE ST  
City-St-Zip: SATELLITE BEACH, FL 32937Title: D (X) Delete  
Name: SANDERS, THOMAS J  
Address: 58 SUNSET STREET  
City-St-Zip: SATELLITE BEACH, FL 32937Title: D (X) Delete  
Name: CHARLES, SINK  
Address: 1145 N. RIVERSIDE DRIVE  
City-St-Zip: INDIALANTIC, FL 32903**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P (X) Change ( ) Addition  
Name: FAUCETT, WILLIS (JERRY)  
Address: 69 VILLAGE STREET  
City-St-Zip: SATELLITE BEACH, FL 32937Title: VP (X) Change ( ) Addition  
Name: RENDELL, MITCHELL  
Address: 420 EAGLE DRIVE  
City-St-Zip: SATELLITE BEACH, FL 32937Title: S/T (X) Change ( ) Addition  
Name: SINK, CHARLES  
Address: 1145 N. RIVERSIDE DRIVE  
City-St-Zip: INDIALANTIC, FL 32903Title: ( ) 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: CHARLES SINK

S/T

09/03/2009

Electronic Signature of Signing Officer or Director

Date