2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004091

FILED Apr 28, 2009 Secretary of State

Entity Name: BARBERY COAST OWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5311 E COUNTY HWY 30-A 5311 E COUNTY HWY 30-A

STE 5 STE 3

SANTA ROSA BEACH, FL 32459 SANTA ROSA BEACH, FL 32459

Current Mailing Address: New Mailing Address:

5311 E COUNTY HWY 30-A 5311 E COUNTY HWY 30-A

SUITE 5 STE 3
SANTA ROSA BEACH, FL 32459 SANTA ROSA BEACH, FL 32459

FEI Number: 81-0562050 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

PRITCHETT, WALTER R
5311 E. COUNTY HWY 30-A
PRITCHETT, WALTER R
5311 E. COUNTY HWY 30-A

STE 5 STE 3

SANTA ROSA BEACH, FL 32459 US SANTA ROSA BEACH, FL 32459 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: 04/28/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition

 Name:
 LEDMAN, RANDY JR.
 Name:
 LEDMAN, RANDY

 Address:
 121 GWYN DRIVE
 Address:
 121 GWYN DRIVE

City-St-Zip: PANAMA CITY BEACH, FL 32408 City-St-Zip: PANAMA CITY BEACH, FL 324413

Title: DV () Delete Title: D (X) Change () Addition

Name: WATSON, FRANK Name: WATSON, FRANK

 Address:
 5365 E COUNTY HWY 30-A, STE 105
 Address:
 5365 E COUNTY HWY 30-A, STE 105

 City-St-Zip:
 SANTA ROSA BEACH, FL 32459
 City-St-Zip:
 SANTA ROSA BEACH, FL 32459

Title: D ST () Change (X) Addition

 Name:
 Name:
 MULDER, DAVID

 Address:
 Address:
 4620 S LAKERIDGE DRIVE

City-St-Zip: City-St-Zip: BIRMINGHAM, AL 35244

Title: () Delete Title: D V () Change (X) Addition

Name:Name:KIRKLAND, RICHARDAddress:Address:2942 BROOK HOLLOW LANECity-St-Zip:City-St-Zip:BIRMINGHAM, AL 35243

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: WALTER R PRITCHETT R A 04/28/2009