2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# N05000003471

Entity Name: BARMOR ALLIANCE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

730 E STRAWRIDGE AVE
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

730 E STRAWRIDGE AVE
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 20-2786607 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARBARY, PATRICK
730 E STRAWRIDGE AVE
MELBOURNE, FL 32901 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: PD ( ) Delete
Name: BARBARY, PATRICK
Address: 730 E STRAWRIDGE AVE
City-St-Zip: MELBOURNE, FL 32901

Title: VD ( ) Delete
Name: MORGAN, CLAY
Address: 730 E STRAWRIDGE AVE
City-St-Zip: MELBOURNE, FL 32901

Title: D ( ) Delete
Name: CASSELLA, LIZABETH
Address: 730 E STRAWBRIDGE AVE
City-St-Zip: MELBOURNE, FL 32901

Title: SD ( ) Delete
Name: SPRAGINS, MICHAEL
Address: 1730 E STRWBRIDGE AVE 3
City-St-Zip: MELBOURNE, FL 32901

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:

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: LIZABETH A. CASSELLA D 02/16/2009

Electronic Signature of Signing Officer or Director — Date