


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000011868 1. Entity Name BARBER SUBDIVISION HOMEOWNERS ASSOCIATION, INC.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAY -7 PM 3:41

Principal Place of Business 3333 DOUGLAS ROAD PANAMA CITY, FL 32405	Mailing Address 3333 DOUGLAS ROAD PANAMA CITY, FL 32405
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DO NOT WRITE IN THIS SPACE

01282008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3903660	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 BARBER, JOSHUA D 3333 DOUGLAS RD PANAMA CITY, FL 32405	DO NOT WRITE IN THIS SPACE
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DO NOT WRITE IN THIS SPACE

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: <u>Joshua D. Barber</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE: <u>4/21/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARBER, JOSHUA D 3333 DOUGLAS ROAD PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARTER, SONJA 3333 DOUGLAS ROAD PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BARBER, EMILY 3333 DOUGLAS ROAD PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

300129446223 05/14/08--01015--014 **350.00 DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Joshua D. Barber</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>4/21/08</u> Daytime Phone #