

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011868

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** BARBER SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3333 DOUGLAS ROAD  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

**Current Mailing Address:**

3333 DOUGLAS ROAD  
PANAMA CITY, FL 32405

**New Mailing Address:**

P.O. BOX 1296  
LYNN HAVEN, FL 32444

**FEI Number:** 20-3903660

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARBER, JOSHUA D  
3333 DOUGLAS RD  
PANAMA CITY, FL 32405 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: BARBER, JOSHUA D  
Address: 3333 DOUGLAS ROAD  
City-St-Zip: PANAMA CITY, FL 32405

Title: VD ( ) Delete  
Name: BARTER, SONJA  
Address: 3333 DOUGLAS ROAD  
City-St-Zip: PANAMA CITY, FL 32405

Title: STD ( ) Delete  
Name: BARBER, EMILY  
Address: 3333 DOUGLAS ROAD  
City-St-Zip: PANAMA CITY, FL 32405

**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:

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: JOSHUA D. BARBER

PD

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date