


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90123 009 ****61.25

DOCUMENT # N06000011813	
1. Entity Name BERRY PLACE HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 128 JOHN KING ROAD STE 18 CRESTVIEW, FL 32539	Mailing Address 128 JOHN KING ROAD STE 18 CRESTVIEW, FL 32539
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. 908 Gardengate Circle	Suite, Apt. #, etc. 908 Gardengate Circle
City & State Pensacola Florida	City & State Pensacola Florida
Zip 32504	Country USA



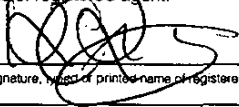
04222008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-8206147	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ETHERIDGE, KEVIN R 3298 SUMMIT BLVD SUITE 4 PENSACOLA, FL 32503	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 908 Gardengate Circle City Pensacola FL Zip Code 32504
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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  DATE **April 22, 2008**

**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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**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOLCOMB, DAVID 128 JOHN KING ROAD STE 18 CRESTVIEW, FL 32539 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCEACHERN, SANDY 128 JOHN KING ROAD STE 18 CRESTVIEW, FL 32539 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PATTERSON, MIKE 128 JOHN KING ROAD STE 18 CRESTVIEW, FL 32539 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **April 22, 2008**