

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Nov 10, 2008**  
**Secretary of State**

DOCUMENT# N06000012868

**Entity Name:** BLACKBERRY RIDGE HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**8101 UNIVERSTIY PKWY  
SUITE B  
PENSACOLA, FL 32514**New Principal Place of Business:****Current Mailing Address:**8101 UNIVERSTIY PKWY  
SUITE B  
PENSACOLA, FL 32514**New Mailing Address:**4400 BAYOU BLVD.,  
SUITE 35  
PENSACOLA, FL 32503**FEI Number:** 26-3652955**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**TUTTLE, RON  
8101 UNIVERSTIY PKWY  
SUITE B  
PENSACOLA, FL 32514 US**Name and Address of New Registered Agent:**LONGWELL, TINA R  
4400 BAYOU BLVD  
SUITE 35  
PENSACOLA, FL 32503 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: TINA LONGWELL

11/10/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD ( ) Delete  
**Name:** EDGAR, CHAD  
**Address:** 8101 UNIVERSTIY PKWY  
**City-St-Zip:** PENSACOLA, FL 32514**Title:** VD ( ) Delete  
**Name:** TUTTLE, RON  
**Address:** 8101 UNIVERSTIY PKWY  
**City-St-Zip:** PENSACOLA, FL 32514**Title:** STD ( ) Delete  
**Name:** PORTER, MICHELLE  
**Address:** 8101 UNIVERSTIY PKWY  
**City-St-Zip:** PENSACOLA, FL 32514**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** STD (X) Change ( ) Addition  
**Name:** SHELBY, SABRINA  
**Address:** 8101 UNIVERSTIY PKWY  
**City-St-Zip:** PENSACOLA, FL 32514

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: CHAD EDGAR

PD

11/10/2008

Electronic Signature of Signing Officer or Director

Date