2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004
Secretary of State

DOCUMENT# N27824

Entity Name: BARBERRY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1617 COOLING AVE
MELBOURNE, FL 32935 US

New Principal Place of Business:

70 SUNSET ST
SATELLITE BCH, FL 32937 US

Current Mailing Address:

1617 COOLING AVE
MELBOURNE, FL 32935 US

New Mailing Address:

PO BOX 372670
SATELLITE BCH, FL 32937 US

FEI Number: 59-2911573 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPACE CAST PROPERTY MANAGMENT
1617 COOLING AVE
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

HALL, LARRY
PO BOX 372670
SATELLITE BCH, FL 32937 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: LARRY HALL 04/14/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WILSON, SANDI
Address: 75 VILLAGE ST
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VPD ( ) Delete
Name: STAVER, LOIS
Address: 77 VILLAGE ST
City-St-Zip: SATELLITE BEACH, FL 32937

Title: STD ( ) Delete
Name: URICH, NANCY
Address: 97 VILLAGE ST
City-St-Zip: SATELLITE BEACH, FL 32937

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SANDERS, TOM
Address: 58 SUNSET ST
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VPD (X) Change ( ) Addition
Name: BENEDUCI, CARL
Address: 26 SUNSET ST
City-St-Zip: SATELLITE BEACH, FL 32937

Title: SD (X) Change ( ) Addition
Name: HINEBAUGH, KIERSTON
Address: 48 SMITH CT
City-St-Zip: SATELLITE BEACH, FL 32937

Title: TD ( ) Change (X) Addition
Name: MACDONAGH, RICHARD
Address: 56 SUNSET ST
City-St-Zip: SATELLITE BCH, FL 32937 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TOM SANDERS PD 04/14/2004
Electronic Signature of Signing Officer or Director Date