2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006 8:00 am
Secretary of State
09-06-2006 90039 021 ****61.25

DOCUMENT # N27824

1. Entity Name
BARBERRY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
70 SUNSET ST SATELLITE BCH, FL 32937 US	582 HWY A1A SATELLITE BCH, FL 32937 US

08162006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address c/o DEPENDABLE PROP MGMT, LLC 1300 PINETREE DR. #9
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: INDIAN HARBOUR BCH, FL
Zip / Country	Zip: 32937 / Country: USA

4. FEI Number: 59-2911573 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, LARRY
582 HWY A1A
SATELLITE BCH, FL 32937

7. Name and Address of New Registered Agent

Name: ANGELA M. PHILLIPS, CPM DEPENDABLE PROPERTY MGMT, LLC
Street Address (P.O. Box Number is Not Acceptable): 1300 PINETREE DRIVE, SUITE 9
City: INDIAN HARBOUR BEACH FL Zip Code: 32937

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: Angela M. Phillips, CPM ANGELA M. PHILLIPS, CPM 8/16/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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	PD SANDERS, TOM 58 SUNSET ST SATELLITE BEACH, FL 32937	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CODY METCALF 96 VILLAGE STREET SATELLITE BCH, FL 32937	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENEDUCI, CARL 26 SUNSET ST SATELLITE BEACH, FL 32937	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICHARD MACDONAGH 56 SUNSET STREET SATELLITE BCH, FL 32937	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD WILSON, SANDRA 75 VILLAGE ST SATELLITE BEACH, FL 32937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREAS SANDRA WILSON 75 VILLAGE STREET SATELLITE BCH, FL 32937	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FAUCETT, JERRY 71 VILLAGE ST SATELLITE BEACH, FL 32937	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC JOHN LAUGHLIN 43 SUNSET STREET SATELLITE BCH, FL 32937	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HINBAUGH, RON 48 SMITH CT SATELLITE BEACH, FL 32937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RON HINEBAUGH VPD 48 SMITH CT. SATELLITE BEACH, FL. 32937	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] 8/17/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #