

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27824

FILED
Feb 18, 2009
Secretary of State

Entity Name: BARBERRY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

70 SUNSET ST
SATELLITE BCH, FL 32937 US

New Principal Place of Business:

Current Mailing Address:

222 SURF ROAD
MELBOURNE BEACH,, FL 32951 US

New Mailing Address:

FEI Number: 59-2911573

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOD, PHYLLIS K
98 VILLAGE ST.
SATELLITE BEACH, FL 32937 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: P () Delete
Name: LAPENTER, THOMAS
Address: 68 SUNSET STREET
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VP () Delete
Name: DOETSCH, CHRISTINE
Address: 67 SUNSET STREET
City-St-Zip: SATELLITE BEACH, FL 32937

Title: S/T () Delete
Name: WOOD, PHYLLIS
Address: 98 VILLAGE ST
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D () Delete
Name: SANDERS, THOMAS J
Address: 58 SUNSET STREET
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D () Delete
Name: CHARLES, SINK
Address: 1145 N. RIVERSIDE DRIVE
City-St-Zip: INDIALANTIC, FL 32903

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:

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: THOMAS LAPENTER

PRES

02/18/2009

Electronic Signature of Signing Officer or Director

Date