

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 06, 2004 08:00 AM

Secretary of State

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1. Entity Name

BERKMAN PLAZA TOWNHOMES HOMEOWNERS
ASSOCIATION, INC.



Principal Place of Business

3190 NE EXPRESSWAY, STE. 400
ATLANTA GA 30341

Mailing Address

3190 NE EXPRESSWAY, STE. 400
ATLANTA GA 30341

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

58-2626371

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARD, DOUGLAS A
1300 RIVERPLACE BLVD., STE. 1500
JACKSONVILLE FL 32207

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE	D	☐ Delete
NAME	TRAVIS, ALAN J	
STREET ADDRESS	3190 NE EXPRESSWAY, STE. 400	
CITY-ST-ZIP	ATLANTA GA 30341	
TITLE	D	☐ Delete
NAME	BERKMAN, DAVID	
STREET ADDRESS	3190 NE EXPRESSWAY, STE. 400	
CITY-ST-ZIP	ATLANTA GA 30341	
TITLE	D	☐ Delete
NAME	BERKMAN, STEVEN	
STREET ADDRESS	3190 NE EXPRESSWAY, STE. 400	
CITY-ST-ZIP	ATLANTA GA 30341	
TITLE	P	☐ Delete
NAME	ALAN, TRAVIS	
STREET ADDRESS	3190 NE EXPRESSWAY STE 400	
CITY-ST-ZIP	ATLANTA GA 30341	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	U000000038543	
CITY-ST-ZIP	02/06/04-80142-005 61.25	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #