

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90072 005 ****61.25

DOCUMENT # N01000002413					
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 - No P.O. Box #		3. Mailing Address 8641 Baypine Rd			
Suite, Apt. #, etc.		Suite 1			
City & State		Jacksonville FL		4. FEI Number 58-2626371	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
32256		USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent WARD, DOUGLAS A 1300 RIVERPLACE BLVD., STE. 1500 JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent Name: Property Services Inc Street Address: 8641 Baypine Rd, Suite 1 City: Jacksonville FL Zip Code: 32256		
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: S.W. Register Jr / CEO 3/27/07 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 May 1, 2007		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 D NAME TRAVIS, ALAN J STREET ADDRESS 3190 NE EXPRESSWAY, STE. 400 CITY-ST-ZIP ATLANTA, GA 30341	☒ Delete		TITLE P NAME Terrence Rodda STREET ADDRESS 422 E. Bay St. CITY-ST-ZIP Jacksonville FL 32202	☐ Change ☒ Addition	
TITLE D NAME BERKMAN, DAVID STREET ADDRESS 3190 NE EXPRESSWAY, STE. 400 CITY-ST-ZIP ATLANTA, GA 30341	☒ Delete		TITLE VP NAME Victoria Burnett STREET ADDRESS 406 E. Bay St CITY-ST-ZIP Jacksonville FL 32202	☐ Change ☒ Addition	
TITLE D NAME BERKMAN, STEVEN STREET ADDRESS 3190 NE EXPRESSWAY, STE. 400 CITY-ST-ZIP ATLANTA, GA 30341	☒ Delete		TITLE S NAME Beverly Chapman STREET ADDRESS 436 E. Bay St. CITY-ST-ZIP Jacksonville FL 32202	☐ Change ☒ Addition	
TITLE P NAME ALAN, TRAVIS STREET ADDRESS 3190 NE EXPRESSWAY STE 400 CITY-ST-ZIP ATLANTA, GA 30341	☒ Delete		TITLE T NAME Tim Krauss STREET ADDRESS 412 E. Bay St. CITY-ST-ZIP Jacksonville FL 32202	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete		TITLE D NAME Marcia Dodd STREET ADDRESS P.O. Box 1066 CITY-ST-ZIP Valdosta, GA 31603	☐ 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: Jennifer Presson 3/26/07 904 731-9500 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					