

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90069 041 ****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 8641 BAY PINE RD. SUITE 1 JACKSONVILLE, FL 32256		
2. Principal Place of Business - No P.O. Box # 8641 Baypine Rd		3. Mailing Address Suite, Apt. #, etc. Suite 1			
City & State Jacksonville FL		City & State		4. FEI Number 58-2626371	
Zip 32256		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PROPERTY SERVICES INC. 8641 BAYPINE RD, SUITE 1 JACKSONVILLE, FL 32256			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing ☐ \$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	P RODDS, TERRANCE 422 E. BAY ST JACKSONVILLE, FL 32202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Rodda, Terrence 422 East Bay St. Jacksonville, FL 32202	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURNETT, VICTORIA 406 E. BAY ST JACKSONVILLE, FL 32202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHAPMAN, BEVERLY 436 E BAY ST. JACKSONVILLE, FL 32202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KRAUSS, TIM 412 E. BAY ST. JACKSONVILLE, FL 32202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DODD, MARCIA P.O. BOX 1066 VALDOSTA, GA 31603	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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 supplement 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 to an address, with all other like empowered.					
SIGNATURE: _____			3/20/08 904-731-9500		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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