


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90343 047 ****70.00

DOCUMENT # N0200007452

1. Entity Name
BERRY TOWN CENTER PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business
**2520 SAND MINE ROAD
 DAVENPORT, FL 33897**

Mailing Address
**PO BOX 725
 WINDERMERE, FL 34786-0725**

50040354



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01032005 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
90-0067843

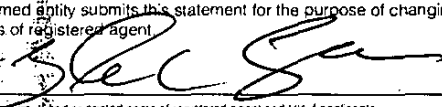
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**FLOYD, THOMAS C
 1556 SIXTH STREET SE
 WINTER HAVEN, FL 33880**

7. Name and Address of New Registered Agent
 Name **Floyd, Thomas C.**
 Street Address (P.O. Box Number is Not Acceptable)
2520 Sand Mine Road
 City **Davenport** FL Zip Code **33897**

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  **Thomas C. Floyd** *2-23-05*
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, 2005

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	<input checked="" type="checkbox"/> Delete
NAME	CALDWELL, ERNEST	
STREET ADDRESS	PO BOX 5609	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRIS, KATE	
STREET ADDRESS	PO BOX 5609	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCDANIEL, KATHY	
STREET ADDRESS	PO BOX 5609	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2520 Sand Mine Road	
CITY-ST-ZIP	Davenport, Fl 33897	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	PO Box 725	
CITY-ST-ZIP	Windermere, Fl 34786-0725	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grauer, Benjamin	
STREET ADDRESS	2520 Sand Mine Road	
CITY-ST-ZIP	Davenport, Fl 33897	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(i), 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 another like empowered.

SIGNATURE:  **Kathy McDaniel, Director 2/22/05 (407)909-0540**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #