2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N0200007452

1. Entity Name

BERRY TOWN CENTER PROPERTY OWNERS' ASSOCIATION, INC.



FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90167 046 ****70.00

Principal Place	e of Business	Mailir	ng Address							
400 EAGLE LAN	KE LOOP ROAD	PO BOX 5809								
WINTER HAVEN	I FL 33880	WINTE	WINTER HAVEN FL 33880							
						# (## #) # # # # #	e 11 2 (1 13 (1) 13 (1) 13 (1) 13 (1) 13 (1)		HA HAR HAR	
2. Principal Pl	ace of Business	3. Ma	iling Address							
<u></u>			O Box 725			1 30 311101 011 011		:	114 1101 1001	
Suite, Apt. #, etc.			uite, Apt. #, etc.			TX CHECK HERE IF MAKING CHANGES				
		l					TIEST TIETE II WA WINTO			
City & State			City & State			4. FEI Number	- 	plied For		
		Wind	Windermere FL						t Applicable	
Zip	Country								.75 Additional	
			<u>4786-0725 </u>	USA		1 7.5 No 2 - et 4 et et	ess of New Registered A	ee Require	u	
	_6Name and Address of Curren	t Hegisten	ed Agent		Name		ess of New Registered'A	yent		
FI OVD T	NOMAC C									
FLOYD, THOMAS C			Street Address			s (P.O. Box Number is Not Acceptable)				
1556 SIXTH STREET SE WINTER HAVEN FL 33880										
AANIA I CLI L	MARIA LF 99000					***************************************				
				Ĵ	City		FL	Zip Cod	e j	
8. The above	named entity submits this statement	or the pure	oose of changing its	s registered	office or reai	stered agent, or both, in t	he State of Florida. I am fa	amiliar with,	and accept	
	ons of registered agent.				- · · · · · · · · · · · · · · · · · · ·	<u> </u>		·		
	:									
SIGNATURE _										
- V	Signature, typed or printed name of registered ager	nt and title if ap	plicable. (NOT	TE: Registered A	Agent signature req	uired when reinstating)	, DATE			
		-								
, i	9. Election Campaign Financing		\$5.00 May Be	Make Check						
	FILE NOW: FEE IS \$61.25		Trust Fund Contribution		n. 🗆	Added to Fees	Added to Fees Florida Departmen			
<u>, 8%</u> 310. 5 }•	OFFICERS AND D	IDECTOR		11.		ADDITIONS (CHANGE	S TO OFFICERS AND DIF	ECTORS IN	110	
1	D OFFICERS AND D	IRECTORS	Delete	TITLE		ADDITIONS/CHANGE	3 TO OTTIOENS AND DIE	☐ Change	Addition	
TITLE NAME	CALDWELL, ERNEST		- Delete	NAME				onlings		
	PO BOX 5609				ADDRESS					
CITY-ST-ZIP	WINTER HAVEN FL 33880			CITY-S						
TITLE	D		☐ Delete	TITLE				☐ Change	Addition	
NAME	MORRIS, KATE		Desette	NAME						
STREET ADDRESS	PO BOX 5609			STREET	ADORESS					
CITY-ST-ZIP	WINTER HAVEN FL 33880	ب ديند. اداست	میریونید و ندار می وجر و دار	_CITY-S	T-ZIP	n mark components of the	on the second	<		
TITLE	D		☐ Delete	TITLE	<u> </u>			☐ Change	☐ Addition	
NAME	MCDANIEL, KATHY		:	NAME				-		
STREET ADDRESS	PO BOX 5609			STREET	ADDRESS					
CITY-ST-ZIP	WINTER HAVEN FL 33880		. k	CITY-S	T-ZIP					
TITLE		Ĺ	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME				NAME						
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NAME CTREET ADDRESS				NAME	ADDRESS					
STREET ADDRESS CITY-ST-ZIP				CITY-S					{	
OH I - OH ZIF				0111-0					1	

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 all other like empowered.

SIGNATURE:

McDaniel/Director 3/31/03 (407)909-0540