

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25276

1. Entity Name

BERKLEY WOODS OWNERS ASSN., INC.

**FILED**  
Feb 28, 2001 8:00 am  
Secretary of State

02-28-2001 90031 004 \*\*\*\*61.25

0060327

Principal Place of Business

8545 ASHBURY DRIVE  
HUDSON FL 34667  
US

Mailing Address

8545 ASHBURY DRIVE  
HUDSON FL 34667  
US

814947



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8508 Caitlin Ct

3. Mailing Address

P.O. Box 7131

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hudson FL

City & State

Hudson FL

4. FEI Number

59-2875369

Applied For

Not Applicable

Zip

34667

Country

US

Zip

34674-7131

Country

US

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

6. Name and Address of Current Registered Agent

WARD, R. CARLTON  
1253 PARK STREET  
CLEARWATER FL 34616

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.

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME DEAN, ROBERT ☐ Delete  
STREET ADDRESS 8508 CAITLIN CT.  
CITY-ST-ZIP HUDSON FL

TITLE SD  
NAME KELLOGG, GLORIA ☒ Delete  
STREET ADDRESS 8537 ASHBURY DR  
CITY-ST-ZIP HUDSON FL 34667

TITLE TD  
NAME SCHAAT, EDWARD ☒ Delete  
STREET ADDRESS 8545 ASHBURY DRIVE  
CITY-ST-ZIP HUDSON FL 34667

TITLE VD  
NAME SCALZA, FIORE ☒ Delete  
STREET ADDRESS 8614 ASHBERRY DR.  
CITY-ST-ZIP HUDSON FL

TITLE D  
NAME COSTELLO, CHARLES ☐ Delete  
STREET ADDRESS 8514 CAITLIN CT  
CITY-ST-ZIP HUDSON FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PSD ☒ Change ☐ Addition  
NAME DEAN, ROBERT  
STREET ADDRESS 8508 CAITLIN CT  
CITY-ST-ZIP HUDSON FL 34667

TITLE D ☐ Change ☒ Addition  
NAME McKinley, Fredrick  
STREET ADDRESS 8729 Ashbury Dr  
CITY-ST-ZIP HUDSON FL 34667

TITLE TD ☒ Change ☒ Addition  
NAME Robert C. Burke  
STREET ADDRESS 8601 Caitlin Court  
CITY-ST-ZIP Hudson, FL 34667

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☒ Change ☐ Addition  
NAME COSTELLO, CHARLES  
STREET ADDRESS 8514 CAITLIN CT  
CITY-ST-ZIP HUDSON FL 34667

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)(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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ROBERT DEAN 8 Feb 01 727 869 3608

Date Daytime Phone #

CR2E037 (10/00)