

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90019 046 ****61.25

DOCUMENT # N25276	
1. Entity Name BERKLEY WOODS OWNERS ASSN., INC.	

Principal Place of Business 8514 CAITLIN CT HUDSON FL 34667 US	Mailing Address P.O. BOX 7137 HUDSON FL 34674-7137 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

	
MOORE	CR2E037 (11/03)
4. FEI Number 59-2875369	Applied For ☐ Not Applicable
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 <i>Donald Peyton</i>	7. Name and Address of New Registered Agent Name <i>Donald R. PEYTON</i> Street Address (P.O. Box Number is Not Acceptable) <i>7317 Little Road</i> City <i>NEW PORT RICHEY</i> FL Zip Code <i>34654</i>
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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 <i>Donald R. Peyton</i>	Donald R. Peyton	2-19-04
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 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME COSTELLO, CHARLES J STREET ADDRESS 8514 CAITLIN CT CITY-ST-ZIP HUDSON FL 34667	☒ Delete	TITLE PRESIDENT NAME Rhonda Pettio STREET ADDRESS 8537 Ashbury DRIVE CITY-ST-ZIP Hudson, FL 34667	☐ Change ☒ Addition
TITLE TD NAME BURKE, ROBERT C STREET ADDRESS 8601 CAITLIN COURT CITY-ST-ZIP HUDSON FL 34667	☒ Delete	TITLE Treasurer NAME Edward Schaaf STREET ADDRESS 8545 Ashbury DAIVE CITY-ST-ZIP HUDSON, Fla. 34667	☐ Change ☒ Addition
TITLE D NAME DEAN, ROBERT STREET ADDRESS 8508 CAITLIN CT CITY-ST-ZIP HUDSON FL 34667	☐ Delete	TITLE Secretary NAME Barbara L. FREDRICKSEN STREET ADDRESS 8634 Ashbury DA. CITY-ST-ZIP HUDSON, Fla. 34667	☐ Change ☐ Addition
TITLE D NAME SAVOLDY, WALTER STREET ADDRESS 8535 CAITLIN CT. CITY-ST-ZIP HUDSON FL 34667	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 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: <i>Barbara L. Fredricksen, Secretary</i>	Feb. 19, 2004 (727) 869-6262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #