2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State
04-25-2007 90165 038 ****61.25

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DOCUMENT # N25276

1. Entity Name
BERKLEY WOODS OWNERS ASSN., INC.

Principal Place of Business	Mailing Address
P.O. BOX 7131 HUDSON, FL 34674	PO BOX 7131 HUDSON, FL 34674-7131 US

04132007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2970356 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEYTON, DONALD R 7317 LITTLE RD. NEW PORT RICHEY, FL 34654	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PETRO, SALVATORE 8515 ASHBURY DR HUDSON, FL 34667	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT NANCY MARSELLO 8611 CAITLIN CT HUDSON FL 34667	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SICILIANO, CATHERINE 8515 CAITLIN CT HUDSON, FL 34667	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT Petro, SALVATORE 8515 Ashbury DR HUDSON, FL 34667	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DEAN, ROBERT 8508 CAITLIN CT HUDSON, FL 34667	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Green, James 8546 ASHBURY DR HUDSON, FL 34667	☑ Change ☐ Addition DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FREDRICKSEN, BARBARA L 8634 ASHBURY DR HUDSON, FL 34667	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY BRDERSON, DIANN 8618 CAITLIN CT HUDSON, FL 34667	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PETYO, SALVATORE 8515 ASHBURY DR HUDSON, FL 34667	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT Large NELKUN, Donna 8040 CAITLIN CT HUDSON, FL 34667	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GREEN, JAMES 8546 ASHBURY DR HUDSON, FL 34667	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER ANDERSON, MARTIN 8618 CAITLIN COURT HUDSON, FL 34667	☐ Change ☐ Addition

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 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: Nancy Marsello NANCY MARSELLO 4/20/07 727-697-3655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #