# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 09, 2009**
**Secretary of State**

DOCUMENT# N25276

**Entity Name:** BERKLEY WOODS OWNERS ASSN., INC.

**Current Principal Place of Business:**

P.O. BOX 7131
HUDSON, FL 34674

**New Principal Place of Business:**

8618 CAITLIN COURT
HUDSON, FL 34674

**Current Mailing Address:**

PO BOX 7131
HUDSON, FL 346747131 US

**New Mailing Address:**

**FEI Number: 59-2970356** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PEYTON, DONALD R
7317 LITTLE RD.
NEW PORT RICHEY, FL 34654 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: MARSELLO, NANCY
Address: 8611 CAITLIN CT.
City-St-Zip: HUDSON, FL 34667

Title: S ( ) Delete
Name: ANDERSON, DIANN
Address: 8618 CAITLIN CT.
City-St-Zip: HUDSON, FL 34667

Title: VP ( ) Delete
Name: MELKUN, DONNA
Address: 8540 CAITLIN CT
City-St-Zip: HUDSON, FL 24667

Title: T ( ) Delete
Name: ANDERSON, MARTIN
Address: 8618 CAITLIN CT.
City-St-Zip: HUDSON, FL 34667

Title: D ( ) Delete
Name: ABBEY, ROBERT G
Address: 8506 ASHBURY DR
City-St-Zip: HUDSON, FL 34667

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: MARSELLO, NANCY
Address: 8611 CAITLIN CT.
City-St-Zip: HUDSON, FL 34667 US

Title: S (X) Change ( ) Addition
Name: ANDERSON, DIANN
Address: 8618 CAITLIN CT.
City-St-Zip: HUDSON, FL 34667 US

Title: VP (X) Change ( ) Addition
Name: MELKUN, DONNA
Address: 8540 CAITLIN CT
City-St-Zip: HUDSON, FL 34667 US

Title: T (X) Change ( ) Addition
Name: ANDERSON, MARTIN
Address: 8618 CAITLIN CT.
City-St-Zip: HUDSON, FL 34667 US

Title: D (X) Change ( ) Addition
Name: ABBEY, ROBERT G
Address: 8506 ASHBURY DR
City-St-Zip: HUDSON, FL 34667 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN ANDERSON T 01/09/2009

Electronic Signature of Signing Officer or Director — Date