

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90033 036 ****61.25

DOCUMENT # N34631

1. Entity Name

BERRYHILL HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**389 STERLING DR., SE
 WINTER HAVEN FL 33884**

Mailing Address

**P.O. BOX 7011
 WINTER HAVEN FL 33883**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2975474

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DEL VILLAR, JORGE
 16284 SW 18TH PLACE
 MIRAMAR FL 33027**

Name **BARRY W. BENNETT**

Street Address (P.O. Box Number is Not Acceptable)

60 Second St. S.E.

City **Winter Haven** **FL** Zip Code **33880**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
 NAME **POWELL, LARRY A**
 STREET ADDRESS **411 BIGSTAFF**
 CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE ☒ Change ☐ Addition
 NAME **President**
 STREET ADDRESS **Masterston, Michael**
 CITY-ST-ZIP **505 montgomery PI
 Winter Haven, FL 33884**

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **DUSTIN, BRENDA**
 CITY-ST-ZIP **389 STERLING DR., SE
 WINTER HAVEN FL 33884**

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

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **LINDSEY, JOHN**
 CITY-ST-ZIP **385 STERLING DR
 WINTER HAVEN FL 33884**

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

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **YONKERS, PATRICIA**
 CITY-ST-ZIP **302 STERLING DR
 WINTER HAVEN FL 33884**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 all other like empowered.

SIGNATURE: **BRENDA R. DUSTIN** **4/25/2001** **863-318-8938**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)