

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90146 032 \*\*\*\*61.25

0058861

**DOCUMENT # N94000001443**

1. Entity Name  
**BERKSHIRE PLACE ASSOCIATION, INC.**



Principal Place of Business  
**1309 BERKSHIRE COURT  
VENICE FL 34292**

Mailing Address  
**1309 BERKSHIRE COURT  
VENICE FL 34292**

**11031969**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0482963** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**HOGREBE, HELEN  
1343 BERKSHIRE CT  
VENICE FL 34292**

7. Name and Address of New Registered Agent

Name **RICHARD H. OVER**

Street Address (P.O. Box Number is Not Acceptable)  
**1376 BERKSHIRE CT**

City **VENICE** FL Zip Code **34292**

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 Richard H. Over Treasurer DATE 4/26/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CUNNEEN, THOMAS	
STREET ADDRESS	1340 BERKSHIRE CT	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GILLEN, PATRICIA	
STREET ADDRESS	1336 BERKSHIRE CT.	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HOGREBE, HELEN	
STREET ADDRESS	1343 BERKSHIRE CT	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LYNCH, JOHN R	
STREET ADDRESS	1368 BERKSHIRE CT	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LARGAY, JULIA E	
STREET ADDRESS	1314 BERKSHIRE CT	
CITY-ST-ZIP	VENICE FL 34292	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENTLEY, JOSEPH F.	
STREET ADDRESS	1375 BERKSHIRE CT.	
CITY-ST-ZIP	VENICE, FL 34292	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OVER, RICHARD H.	
STREET ADDRESS	1376 BERKSHIRE CT.	
CITY-ST-ZIP	VENICE, FL 34292	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: PATRICIA GILLEN (SD) DATE 4/26/03 PHONE (941) 480-0020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)