

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000007452

**FILED**  
**Mar 30, 2018**  
**Secretary of State**  
**CC8052811228**

**Entity Name:** BERRY TOWN CENTER PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2520 SAND MINE ROAD  
DAVENPORT, FL 33897

**Current Mailing Address:**

C/O FIRSTSERVICE RESIDENTIAL  
385 DOUGLAS AVENUE STE 3350  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number: 90-0067843**

**Certificate of Status Desired: No**

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

WILLIS, PATRICK H ESQ  
2121 S HIAWASSEE ROAD STE 116  
ORLANDO, FL 32835 US

*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

**Officer/Director Detail :**

Title           DIRECTOR  
Name           WILKES, RICHARD  
Address        C/O FIRSTSERVICE RESIDENTIAL  
                  385 DOUGLAS AVENUE; STE. 3350  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title           DIRECTOR  
Name           CHRISTNER, RUSSEL  
Address        C/O FIRSTSERVICE RESIDENTIAL  
                  385 DOUGLAS AVENUE; STE. 3350  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title           DIRECTOR  
Name           SHOEBRIDGE, PHILIP  
Address        C/O FIRSTSERVICE RESIDENTIAL  
                  385 DOUGLAS AVENUE; STE. 3350  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*I hereby 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 all other like empowered.*

**SIGNATURE: RICHARD WILKES**

**DIRECTOR**

**03/30/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date