

FILE NOW: FILING FEE AFTER ^{2-13-95 B-1125 C} MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 PM 12: 04

DOCUMENT # 721785 (4)
1. Corporation Name
BERESFORD MANOR HOMES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1003 C/O WILKINSON, TOMMY R DELAND FL 32721-1003 US	P.O. BOX 1003 C/O WILKINSON, TOMMY R DELAND FL 32721-1003 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/28/1971	3a. Date of Last Report 03/22/1994
4. FEI Number 59-1888490	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
ANDERSON, VERNON
210 ELMWOOD AVENUE
DELAND FL 32724

10. Name and Address of New Registered Agent

81 Name	LANGLEY, RAYMOND A.
82 Street Address (P.O. Box Number is Not Acceptable)	226 ELMWOOD AVE
83	
84 City	DELAND
85 State	FL
86 Zip Code	32724

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Raymond A. Langley* Raymond A. Langley 2-1-95
(Signature, typed or printed name of registered agent, if applicable) (NOT Registered Agent by return request who establish) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STEVENS, JOHN
STREET ADDRESS	241 PINE BLUFF AVE
CITY-ST-ZIP	DELAND FL
TITLE	TD
NAME	WILKINSON, TOMMY
STREET ADDRESS	209 OAKLEIGH AVE
CITY-ST-ZIP	DELAND FL
TITLE	SD
NAME	ROMPH, HELEN
STREET ADDRESS	221 ELMWOOD AVE
CITY-ST-ZIP	DELAND FL
TITLE	VPD
NAME	SHORT, RUTH
STREET ADDRESS	244 OAK LEIGH DRIVE
CITY-ST-ZIP	DELAND FL
TITLE	D
NAME	RIVENBARK, NETTIE
STREET ADDRESS	234 OAK LEIGH DRIVE
CITY-ST-ZIP	DELAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LANGLEY, RAYMOND A.	
1.3 STREET ADDRESS	226 ELMWOOD AVE.	
1.4 CITY-ST-ZIP	DELAND, FL 32724	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GREGORY, PATRICIA	
3.3 STREET ADDRESS	210 OAK LEIGH DR	
3.4 CITY-ST-ZIP	DELAND, FL 32724	
4.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BRIGGS, AL	
4.3 STREET ADDRESS	217 ELMWOOD AVE.	
4.4 CITY-ST-ZIP	DELAND, FL 32724	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ELKHORN, JOSEPHINE	
5.3 STREET ADDRESS	225 PINE BLUFF AVE	
5.4 CITY-ST-ZIP	DELAND, FL 32724	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Tommy R. Wilkinson* Tommy R. Wilkinson 2-1-95 90A-736-7052
(Signature, typed or printed name of signing officer or director) Date (Signature Number)