2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721785

FILED May 22, 2009 Secretary of State

Entity Name: BERESFORD MANOR HOMES ASSOCIATION, INC,

Current Principal Place of Business: New Principal Place of Business:

930 BENT TREE BLVD DELAND, FL 32724

Current Mailing Address: New Mailing Address:

930 BENT TREE BLVD DELAND, FL 32724

FEI Number: 59-1888490 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MCCORMICK, KATHLEEN 930 BENT TREE BLVD. DELAND, FL 32724

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition MURPHY, LOUISE PROPER, JANA Name: Name: 221 OAKLEIGH DRIVE Address: 225 PINE BLUFF Address: DELAND, FL 32724

DELAND, FL 32724 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition

MCCORMICK, KATHLEEN Name: Name: MCCORMICK, KATHLEEN Address: 930 BENT TREE BLVD Address: 930 BENT TREE BLVD City-St-Zip: DELAND, FL 32724 City-St-Zip: DELAND, FL 32724

Title: () Delete Title: (X) Change () Addition

ROMPH, HELEN ROMPH, HELEN Name: Name: 221 ELMWOOD AVE 229 PINE BLUFF AVE Address: Address: City-St-Zip: DELAND, FL 32724 City-St-Zip: DELAND, FL 32724

Title: () Delete Title: (X) Change () Addition

Name: MORRIS, HAZEL Name: SHELL, NORMA 209 OAKLEIGH DRIVE 209 SHADY LANE Address: Address: City-St-Zip: DELAND, FL 32724 City-St-Zip: DELAND, FL 32724

Title: () Delete Title: (X) Change () Addition

PROPER, JANA JACKSON, CECELIA Name: Name: 225 PINE BLUFF AVE. 225 OAKLEIGH DR Address: Address: DELAND, FL 32724 DELAND, FL 32724 City-St-Zip: City-St-Zip:

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.

Ρ SIGNATURE: KATHLEEN MCCORMICK 05/22/2009