

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

FILED
Aug 20, 2003 8:00 am
Secretary of State

0003865

DOCUMENT # 721785

1. Entity Name

BERESFORD MANOR HOMES ASSOCIATION, INC.



08-20-2003 90047 006 ****61.25

Principal Place of Business

238 OAKLEIGH DRIVE
DELAND FL 32724
US

Mailing Address

238 OAKLEIGH DRIVE
DELAND FL 32724
US

2. Principal Place of Business

221 Oakleigh Dr.

Suite, Apt. #, etc.

3. Mailing Address

221 Oakleigh Dr.

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State

DeLand, FL

City & State

DeLand, FL

4. FEI Number 59-1888490

Applied For

Not Applicable

Zip

32724

Country

US

Zip

32724

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENNETT, CHARLES
233 PINE BLUFF AVE
DELAND FL 32724

7. Name and Address of New Registered Agent

Name Louise Murphy

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

221 Oakleigh Dr.

City DeLand

FL

Zip Code 32724

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

Louise Murphy

8/18/03

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
After September 10, 2003, min will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BENNETT, CHARLES 233 PINE BLUFF AVE DELAND FL 32724	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WORDELMAN, MILTON 238 OAKLEIGH DRIVE DELAND FL 32724	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROMPH, HELEN 221 ELMWOOD AVE DELAND FL 32724	<input type="checkbox"/> Delete →
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOUPPE, ROBT 217 OAKLEIGH DR DELAND FL 32724	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GREGORY, PATRICIA 210 OAKLEIGH DR DELAND FL 32724	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Louise Murphy 221 Oakleigh Dr. DeLand, FL 32724	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hazel Morris 209 Oakleigh Dr. DeLand, FL 32724	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Romph Helen 221 Oakleigh Dr. 221 Elmwood Ave. DeLand, FL 32724	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gene Gifford 201 Oakleigh Dr. DeLand, FL 32724	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED

Louise Murphy

Date

8/18/03

Daytime Phone #

386-738-3909

CR2E037 (4/03)