

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001653

FILED
Apr 26, 2009
Secretary of State

Entity Name: BEVERLY RISE PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5600 US 98 N
STE 1
LAKELAND, FL 33809

New Principal Place of Business:

Current Mailing Address:

POB 92108
LAKELAND, FL 33804

New Mailing Address:

FEI Number: 59-3621715

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARKINS, WM. R.
5600 US 98 N
LAKELAND, FL 33809 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: HARKINS, W.M.R.
Address: 5620 US HWY 98 NORTH
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: KEEL, MICHAEL
Address: 3022 PANTHER
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: ROBERTS, DAVE
Address: 5469 BEVERLY RISE BLVD
City-St-Zip: LAKELAND, FL 33813

Title: D (X) Delete
Name: RAKESH, PATEL
Address: 5413 BEVERLY RISE BLVD
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: KEEL, MICHAEL
Address: 3022 PANTHER
City-St-Zip: LAKELAND, FL 33813

Title: P (X) Change () Addition
Name: ROBERTS, DAVE
Address: 5469 BEVERLY RISE BLVD
City-St-Zip: LAKELAND, FL 33813

Title: () Change () Addition
Name:
Address:
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.

SIGNATURE: WM. R. HARKINS

TREA

04/26/2009

Electronic Signature of Signing Officer or Director

Date