

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002413

FILED  
Jan 22, 2009  
Secretary of State

**Entity Name:** BERKMAN PLAZA TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8641 BOYPINE RD  
SUITE 1  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

400 E. BAY STREET  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

8641 BAY PINE RD.  
SUITE 1  
JACKSONVILLE, FL 32256

**New Mailing Address:**

PO BOX 600712  
JACKSONVILLE, FL 32260 US

**FEI Number:** 58-2626371

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PROPERTY SERVICES INC.  
8641 BAYPINE RD, SUITE 1  
JACKSONVILLE, FL 32256 US

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

PLAZA PROPERTY SERVICES  
400 E. BAY STREET  
JACKSONVILLE, FL 32202 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: CYNTHIA S. MERCER

01/22/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RODDA, TERRENCE  
Address: 422 EAST BAY ST  
City-St-Zip: JACKSONVILLE, FL 32202

Title: V ( ) Delete  
Name: BURNETT, VICTORIA  
Address: 406 E. BAY ST  
City-St-Zip: JACKSONVILLE, FL 32202

Title: S ( ) Delete  
Name: CHAPMAN, BEVERLY  
Address: 436 E BAY ST.  
City-St-Zip: JACKSONVILLE, FL 32202

Title: T ( ) Delete  
Name: KRAUSS, TIM  
Address: 412 E. BAY ST.  
City-St-Zip: JACKSONVILLE, FL 32202

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: T (X) Change ( ) Addition  
Name: BRATCHER, RAY  
Address: 442 E. BAY ST.  
City-St-Zip: JACKSONVILLE, FL 32202

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: CYNTHIA S. MERCER

A

01/22/2009

Electronic Signature of Signing Officer or Director

Date