

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90404 001 \*\*\*183.75

**DOCUMENT # N02000000063**



1. Entity Name  
**BERKSHIRE PLANNED COMMUNITY HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business  
**879 CAMP JOHNSON RD.  
ORANGE PARK, FL 32065-5832**

Mailing Address  
**C/O BARRY B. ANSBACHER, P.A.  
1301 RIVERPLACE BLVD., STE. 2450  
JACKSONVILLE, FL 32207-9047**

**66417125**



2. Principal Place of Business  
**P.O. Box 66177**

3. Mailing Address

03252004 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Orange Park, FL**

City & State

4. FEI Number  
**80-0033935**

Applied For  
Not Applicable

Zip  
**32065**

Country  
**Clay**

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANSBACHER & MCKEEL, P.A.  
1301 RIVERPLACE BLVD., STE. 2450  
JACKSONVILLE, FL 32207-9047**

Name

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

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

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	S	<input type="checkbox"/> Delete
NAME	MUCHA, TONYA L	
STREET ADDRESS	1992 BELHAVEN DR.	
CITY-ST-ZIP	ORANGE PARK, FL 32065	
TITLE	V2	<input type="checkbox"/> Delete
NAME	BRYAN, BECKY	
STREET ADDRESS	2000 BELHAVEN DR.	
CITY-ST-ZIP	ORANGE PARK, FL	
TITLE	V3	<input type="checkbox"/> Delete
NAME	KRANTZ, LORI	
STREET ADDRESS	1952 BELHAVEN DR.	
CITY-ST-ZIP	ORANGE PARK, FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BLICK, MARSHALL	
STREET ADDRESS	2017 BELHAVEN DR	
CITY-ST-ZIP	ORANGE PARK, FL 32065	
TITLE	V	<input type="checkbox"/> Delete
NAME	LAMARRE, BRIAN	
STREET ADDRESS	1925 BELHAVEN DR	
CITY-ST-ZIP	ORANGE PARK, FL 32065	
TITLE	T	<input type="checkbox"/> Delete
NAME	SEEDORF, DOUG	
STREET ADDRESS	1729 LOCK LEVEN	
CITY-ST-ZIP	ORANGE PARK, FL 32065	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/25/04**