

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90754 001 ***183.75

DOCUMENT # N02000000063					
1. Entity Name BERKSHIRE PLANNED COMMUNITY HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 66177 ORANGE PARK, FL 32065			Mailing Address C/O BARRY B. ANSBACHER, P.A. 1301 RIVERPLACE BLVD., STE. 2450 JACKSONVILLE, FL 32207-9047		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 80-0033935	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANSBACHER & MCKEEL, P.A. 1301 RIVERPLACE BLVD., STE. 2450 JACKSONVILLE, FL 32207-9047			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MUCHA, TONYA L 1992 BELHAVEN DR. ORANGE PARK, FL 32065 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Thaddeus Edwards 1963 Belhaven Dr. Orange Park, FL 32065		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V2 BRYAN, BECKY 2000 BELHAVEN DR. ORANGE PARK, FL <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mary Ann Ball 1862 Belhaven Dr. Orange Park, FL 32065		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V3 KRANTZ, LORI 1952 BELHAVEN DR. ORANGE PARK, FL <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lori Krantz 1952 Belhaven Dr. Orange Park, FL 32065		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLICK, MARSHALL 2017 BELHAVEN DR ORANGE PARK, FL 32065 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Judy Zarnes 1742 Loch Leven Ct. Orange Park, FL 32065		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAMARRE, BRIAN 1925 BELHAVEN DR ORANGE PARK, FL 32065 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Voting Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Abigail Vasquez 1967 Belhaven Dr. Orange Park, FL 32065		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SEEDORF, DOUG 1729 LOCK LEVEN ORANGE PARK, FL 32065 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>		
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: <i>Judy Zarnes</i> Judy Zarnes		04-05-05		276-9007	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	