


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90050 016 ****61.25

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 - No P.O. Box # 767 BLANDING BLVD Suite, Apt. #, etc. Ste 112 City & State ORANGE PARK, FL Zip 32065		3. Mailing Address 767 Blanding Blvd. Suite, Apt. #, etc. Ste 112 City & State ORANGE PARK, FL Zip 32065	
Country USA		Country USA	
4. FEI Number 80-0033935		Applied For <input type="checkbox"/> Not Applicable	
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 CHRISTOPHER M. JACKSON Street Address (P.O. Box Number is Not Acceptable) 767 Blanding Blvd. Ste 112 City ORANGE PARK	
State FL		Zip Code 32065	
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 <u>Chris M. Jackson</u> , Community Association Manager 4/19/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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	P <input checked="" type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, JOHN NTE	NAME	WILLIAM DEACON
STREET ADDRESS	1725 LOCH LEVEN CT	STREET ADDRESS	2032 BELHAVEN DR.
CITY-ST-ZIP	ORANGE PARK, FL 32065	CITY-ST-ZIP	ORANGE PARK, FL 32065
TITLE	ST <input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, ANNA MARIE	NAME	DON PETERSON
STREET ADDRESS	1726 LOCH LEVEN CT	STREET ADDRESS	1964 BELHAVEN DR.
CITY-ST-ZIP	ORANGE PARK, FL 32065	CITY-ST-ZIP	ORANGE PARK, FL 32065
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY-WHYMS, DIANNE	NAME	KORRIE ANDERSON
STREET ADDRESS	1880 BELHAVEN DR	STREET ADDRESS	2017 BELHAVEN DR.
CITY-ST-ZIP	ORANGE PARK, FL 32065	CITY-ST-ZIP	ORANGE PARK, FL 32065
TITLE	VP <input type="checkbox"/> Delete	TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEACON, WILLIAM	NAME	AIMEE DE LONG
STREET ADDRESS	2022 BELHAVEN DR	STREET ADDRESS	1934 BELHAVEN DR.
CITY-ST-ZIP	ORANGE PARK, FL 32065	CITY-ST-ZIP	ORANGE PARK, FL 32065
TITLE	VPS <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERRICOTT, CHARLOTTE	NAME	
STREET ADDRESS	1991 BELHAVEN DR	STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK, FL 32065	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Chris M. Jackson</u> , CAM <u>CHRISTOPHER M. JACKSON</u> 4/19/2007 704-589-1912 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			