

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90039 004 ****61.25

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



Principal Place of Business
**767 BLANDING BLVD
SUITE 112
ORANGE PARK, FL 32065**

Mailing Address
**767 BLANDING BLVD
SUITE 112
ORANGE PARK, FL 32065**

40067523



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04092008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

80-0033935

Applied For

Not Applicable

Zip

Country

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

**JACKSON, CHRISTOPHER M
767 BLANDING BLVD
SUITE 112
ORANGE PARK, FL 32065**

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, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **DEACON, WILLIAM**
STREET ADDRESS **2032 BELHAVEN DR**
CITY-ST-ZIP **ORANGE PARK, FL 32065**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **BRIAN LAMARRE**
STREET ADDRESS **1925 BELHAVEN DR**
CITY-ST-ZIP **ORANGE PARK, FL 32065**

TITLE **VP** ☒ Delete
NAME **PETERSON, DON**
STREET ADDRESS **1964 BELHAVEN DR**
CITY-ST-ZIP **ORANGE PARK, FL 32065**

TITLE **VP** ☒ Change ☐ Addition
NAME **HEATHER SANDERS**
STREET ADDRESS **1971 BELHAVEN DR**
CITY-ST-ZIP **ORANGE PARK, FL 32065**

TITLE **T** ☐ Delete
NAME **ANDERSON, ROBBIE**
STREET ADDRESS **2017 BELHAVEN DR**
CITY-ST-ZIP **ORANGE PARK, FL 32065**

TITLE **VP** ☒ Change ☐ Addition
NAME **RICHARD GADDIE**
STREET ADDRESS **1722 LOCH LEVEN COURT**
CITY-ST-ZIP **ORANGE PARK, FL 32065**

TITLE **VP** ☒ Delete
NAME **DEACON, WILLIAM**
STREET ADDRESS **2022 BELHAVEN DR**
CITY-ST-ZIP **ORANGE PARK, FL 32065**

TITLE **SIT** ☒ Change ☐ Addition
NAME **ANNA-MARIA JACKSON**
STREET ADDRESS **1726 LOCH LEVEN COURT**
CITY-ST-ZIP **ORANGE PARK, FL 32065**

TITLE **S** ☒ Delete
NAME **DELONG, AIMEE**
STREET ADDRESS **1984 BELHAVEN DR**
CITY-ST-ZIP **ORANGE PARK, FL 32065**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Christopher M. Jackson* **Commissioner Association Manager** **4/1/8** **(904) 276-0412**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #