

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000063

FILED
Mar 16, 2009
Secretary of State

Entity Name: BERKSHIRE PLANNED COMMUNITY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

767 BLANDING BLVD
SUITE 112
ORANGE PARK, FL 32065

New Principal Place of Business:

12058 SAN JOSE BLVD.
SUITE 203
JACKSONVILLE, FL 32223

Current Mailing Address:

767 BLANDING BLVD
SUITE 112
ORANGE PARK, FL 32065

New Mailing Address:

P.O.BOX 600033
JACKSONVILLE, FL 32260

FEI Number: 80-0033935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

PROPERTY MANAGEMENT PARTNERS OF ST. JOHNS
12058 SAN JOSE BLVD.
SUITE 203
JACKSONVILLE, FL 32223 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: ELAINE BROOKS

03/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAMARRE, BRIAN
Address: 1925 BELHAVEN DR
City-St-Zip: ORANGE PARK, FL 32065

Title: VP () Delete
Name: SANDERS, HEATHER
Address: 1971 BELHAVEN DR
City-St-Zip: ORANGE PARK, FL 32065

Title: VP () Delete
Name: GADDIE, RICHARD
Address: 1722 LOCH LEVEN COURT
City-St-Zip: ORANGE PARK, FL 32065

Title: S/T () Delete
Name: JACKSON, ANNA-MARIA
Address: 1726 LOCK LEVEN COURT
City-St-Zip: ORANGE PARK, FL 32065

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LAMARRE, BRIAN
Address: P.O.BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260

Title: VP (X) Change () Addition
Name: SANDERS, HEATHER
Address: P.O.BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260

Title: VP (X) Change () Addition
Name: GADDIE, RICHARD
Address: P.O.BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260

Title: S (X) Change () Addition
Name: JACKSON, ANNA-MARIA
Address: P.O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260

Title: T () Change (X) Addition
Name: ANDERSEN, ROB
Address: P.O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260

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: BRIAN LAMARRE

P

03/16/2009

Electronic Signature of Signing Officer or Director

Date