

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90820 024 ****61.25

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**

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

80-0038535

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

*Same entity, Corp. name changed
for reg. agent.*

Name

Ansbacher & McKeel, P.A.

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)

Barry B. Ansbacher

4/1/03

DATE

FILE NOW: FEE IS \$61.25

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 **PSTD** ☐ Delete
NAME **NICHOLS, LAWRENCE D**
STREET ADDRESS **879 CAMP JOHNSON RD.**
CITY- ST- ZIP **ORANGE PARK FL 32065-5832**

TITLE **VD** ☐ Delete
NAME **MCWILLIAMS, A.E.**
STREET ADDRESS **879 CAMP JOHNSON RD.**
CITY- ST- ZIP **ORANGE PARK FL 32065-5832**

TITLE **D** ☐ Delete
NAME **MCWILLIAMS, MACY**
STREET ADDRESS **879 CAMP JOHNSON RD.**
CITY- ST- ZIP **ORANGE PARK FL 32065-5832**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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 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:

A.E. McWilliams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A.E. McWilliams