

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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 80-0033935	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$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 _____ Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent's signature required when necessary) DATE					
FILE NOW: FEE'S \$61.25 Initial or Amended UBR		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	PSTD	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	NICHOLS, LAWRENCE D		NAME	Marshall M. Blick	
STREET ADDRESS	879 CAMP JOHNSON RD.		STREET ADDRESS	2017 Belhaven dr.	
CITY-ST-ZIP	ORANGE PARK, FL 320655832		CITY-ST-ZIP	Orange Park, FL 32065	
TITLE	VD	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	MCWILLIAMS, A.E.		NAME	Val L. Lamara	
STREET ADDRESS	879 CAMP JOHNSON RD.		STREET ADDRESS	1925 Belhaven dr.	
CITY-ST-ZIP	ORANGE PARK, FL 320655832		CITY-ST-ZIP	Orange Park, FL 32065	
TITLE	D	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	MCWILLIAMS, MACY		NAME	Don Seedorf	
STREET ADDRESS	879 CAMP JOHNSON RD.		STREET ADDRESS	1729 Lock Haven	
CITY-ST-ZIP	ORANGE PARK, FL 320655832		CITY-ST-ZIP	Orange Park, FL 32065	
TITLE		☐ Delete	TITLE	☐ Change ☒ Addition	
NAME			NAME	Tonya L. Mucha	
STREET ADDRESS			STREET ADDRESS	1992 Belhaven dr.	
CITY-ST-ZIP			CITY-ST-ZIP	Orange Park, FL 32065	
TITLE		☐ Delete	TITLE	☐ Change ☒ Addition	
NAME			NAME	Boeky Bryan	
STREET ADDRESS			STREET ADDRESS	2000 Belhaven dr.	
CITY-ST-ZIP			CITY-ST-ZIP	Orange Park, FL	
TITLE		☐ Delete	TITLE	☐ Change ☒ Addition	
NAME			NAME	Lois Krantz	
STREET ADDRESS			STREET ADDRESS	1952 Belhaven dr.	
CITY-ST-ZIP			CITY-ST-ZIP	Orange Park, FL	
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: <u>Marshall M. Blick</u> 10/31/05 (904) 213-6570					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

0312E037 (10/02)

Additional Officers:

V-4

Eric D. La Roche

1976 Belhaven Dr

Orange Park, FL 32065

☒ Addition