
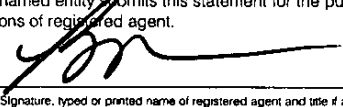
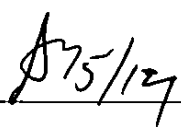
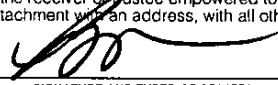


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

61-25

DOCUMENT # N07000003213 1. Entity Name BERRY'S RIDGE HOMEOWNERS ASSOCIATION, INC.						FILED 08 MAY 12 AM 9:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1053 MAITLAND CENTER COMMONS BLVD SUITE 200 MAITLAND, FL 32751				Mailing Address 1053 MAITLAND CENTER COMMONS BLVD SUITE 200 MAITLAND, FL 32751			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number				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 WALKER, BERRY J JR ESQ 1053 MAITLAND CENTER COMMONS BLVD SUITE 200 MAITLAND, FL 32751				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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  Berry J. Walker, Jr. 4/23/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008				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 NAME STREET ADDRESS CITY-ST-ZIP	DPT WALKER, BERRY J 1053 MAITLAND CENTER COMMONS BLVD MAITLAND, FL 32751 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BHAVSAR, I.C. 1053 MAITLAND CENTER COMMONS BLVD MAITLAND, FL 32751 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WILSON, LORRAINE D 1053 MAITLAND CENTER COMMONS BLVD MAITLAND, FL 32751 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	000129595650 05/15/08--01020--020 ***1266.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  Berry J. Walker, Jr.				4/23/08 4077781866 <small>Date Daytime Phone #</small>			