

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17833

FILED
Jan 04, 2005
Secretary of State

Entity Name: BERKSHIRE VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O NEWELL PROPERTY MGMT.
5435 JAEGER RD. #4
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

C/O NEWELL PROPERTY MGMT.
5435 JAEGER RD. #4
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 59-2758949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWELL, WILLIAM
5435 JAEGER ROAD #4
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHIURCO, DOMINICK
Address: 1420 CHURCHILL CIRCLE, #Q201
City-St-Zip: NAPLES, FL 34116

Title: VD () Delete
Name: DIBENEDETTO, BRETT
Address: 1494C TRAFALGER LANE
City-St-Zip: NAPLES, FL 34116

Title: SD () Delete
Name: WOODLAND, KIMBERLY
Address: 1224 COMMONWEALTH CIRCLE
City-St-Zip: NAPLES, FL 34116

Title: D () Delete
Name: HACK, TONY
Address: 1464 MONARCH CIRCLE
City-St-Zip: NAPLES, FL 34116

Title: D () Delete
Name: BRAWNER, JIM
Address: 1357 MONARCH CIRCLE
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FISHER, KENT
Address: 1423 MONARCH CIRCLE
City-St-Zip: NAPLES, FL 34116

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DOMINICK CHIURCO

PD

01/04/2005

Electronic Signature of Signing Officer or Director

Date