
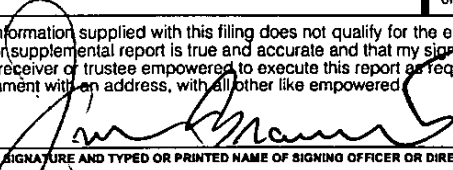


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90154 045 \*\*\*\*61.25

<b>DOCUMENT # N20602</b> 1. Entity Name <b>BERKSHIRE VILLAGE VILLAS HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>% NEWELL PROPERTY MANAGEMENT</b> <b>5435 JAEGER RD. #4</b> <b>NAPLES, FL 34109 US</b>			Mailing Address <b>MOORE PROPERTY MGMT</b> <b>745 12TH AVE S STE AA</b> <b>NAPLES, FL 34109 US</b>		
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 <b>59-2825472</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MOORE PROPERTY MGMT LLC</b> <b>745 12TH AVE S STE AA</b> <b>NAPLES, FL 34102</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>PD</b> <b>BRAWNER, JIM</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>1357 MONARCH CIRCLE</b>		NAME		
STREET ADDRESS	<b>NAPLES, FL 34116</b>		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<b>VD</b> <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SCHILLS, KRISTEN</b>		NAME		
STREET ADDRESS	<b>1329 MONARCH CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NAPLES, FL 34116</b>		CITY-ST-ZIP		
TITLE	<b>SD</b> <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BRISSOM, PAUL</b>		NAME	<b>1405 MONARCH CIRCLE</b>	
STREET ADDRESS	<b>1351 MONARCH CIRCLE</b>		STREET ADDRESS	<b>NAPLES, FL 34116</b>	
CITY-ST-ZIP	<b>NAPLES, FL 34116</b>		CITY-ST-ZIP		
TITLE	<b>TD</b> <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>TEERLING, JOYCE</b>		NAME		
STREET ADDRESS	<b>1353 MONARCH CIR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NAPLES, FL 34116</b>		CITY-ST-ZIP		
TITLE	<b>D</b> <input type="checkbox"/> Delete		TITLE	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FISHER, KENT</b>		NAME		
STREET ADDRESS	<b>1423 MONARCH CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NAPLES, FL 34116</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>D HARRY LANG</b>	
STREET ADDRESS			STREET ADDRESS	<b>1351 MONARCH CIRCLE</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>NAPLES, FL 34116</b>	
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 on 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.					
<b>SIGNATURE:</b> 			<b>4/28/06</b> Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					