2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N20602

Entity Name: BERKSHIRE VILLAGE VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

MOORE PROPERTY MANAGEMENT, LLC
745 12TH AVE S AA
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

MOORE PROPERTY MANAGEMENT, LLC
745 12TH AVE S STE AA
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 59-2825472 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORE PROPERTY MANAGEMENT, LLC
745 12TH AVE S STE AA
NAPLES, FL 34102 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: D ( ) Delete
Name: BRAWNER, JIM
Address: 1357 MONARCH CIRCLE
City-St-Zip: NAPLES, FL 34116

Title: D ( ) Delete
Name: BRISSOM, PAUL
Address: 1405 MONARCH CIRCLE
City-St-Zip: NAPLES, FL 34116

Title: VP ( ) Delete
Name: FISHER, KENT
Address: 1423 MONARCH CIRCLE
City-St-Zip: NAPLES, FL 34116

Title: ST ( ) Delete
Name: ESPINOSA, JR., GERADO
Address: 1411 MONARCH CIRCLE
City-St-Zip: NAPLES, FL 34116

Title: P ( ) Delete
Name: SMITH, DAVID E
Address: 1417 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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DAVID SMITH P 04/23/2009

Electronic Signature of Signing Officer or Director — Date