

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90218 043 \*\*\*\*61.25

<b>DOCUMENT # N25276</b> 1. Entity Name <b>BERKLEY WOODS OWNERS ASSN., INC.</b>					
Principal Place of Business <b>P.O. BOX 7131 HUDSON, FL 34674</b>			Mailing Address <b>PO BOX 7131 HUDSON, FL 34674-7131 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2970356</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>PEYTON, DONALD R 7317 LITTLE RD. NEW PORT RICHEY, FL 34654</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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PETTLO, RHONDA</b>		NAME	<b>Petro Salvatore</b>	
STREET ADDRESS	<b>8537 ASHBURY DR.</b>		STREET ADDRESS	<b>8515 Ashbury DR</b>	
CITY-ST-ZIP	<b>HUDSON, FL 34667</b>		CITY-ST-ZIP	<b>HUDSON, FL 34667</b>	
TITLE	V	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SICILIANO, CATHERINE</b>		NAME	<b>Green James</b>	
STREET ADDRESS	<b>8515 CAITLIN CT</b>		STREET ADDRESS	<b>8546 Ashbury DR</b>	
CITY-ST-ZIP	<b>HUDSON, FL 34667</b>		CITY-ST-ZIP	<b>HUDSON, FL 34667</b>	
TITLE	T	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DEAN, ROBERT</b>		NAME	<b>Marsello, Nancy</b>	
STREET ADDRESS	<b>8508 CAITLIN CT</b>		STREET ADDRESS	<b>8611 Caitlin CT</b>	
CITY-ST-ZIP	<b>HUDSON, FL 34667</b>		CITY-ST-ZIP	<b>HUDSON, FL 34667</b>	
TITLE	S	<input type="checkbox"/> Delete	TITLE	Member	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FREDRICKSEN, BARBARA L</b>		NAME	<b>Green, Peggy</b>	
STREET ADDRESS	<b>8634 ASHBURY DR</b>		STREET ADDRESS	<b>8546 Ashbury DR</b>	
CITY-ST-ZIP	<b>HUDSON, FL 34667</b>		CITY-ST-ZIP	<b>HUDSON, FL 34667</b>	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		
NAME	<b>PETYO, SALVATORE</b>		NAME		
STREET ADDRESS	<b>8515 ASHBURY DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HUDSON, FL 34667</b>		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <i>Nancy Marsello</i> <b>Nancy Marsello</b>			<b>4/25/06</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		