

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90020 018 ****61.25

DOCUMENT # N26824

1. Entity Name

BERISFORD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

2189 CLEVELAND STREET
#225
CLEARWATER FL 33765
US

Mailing Address

2189 CLEVELAND STREET
#225
CLEARWATER FL 33765
US

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

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2902244

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEIGHTON, LENNARD A
2189 CLEVELAND STREET
SUITE 225
CLEARWATER FL 33765

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title. (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME BRIDGES, JEFF ☐ Delete
STREET ADDRESS 4660 BRAYTON TERRACE S.
CITY- ST- ZIP PALM HARBOR FL 34685

TITLE PD
NAME CHAMBERS, DON ☐ Delete
STREET ADDRESS 4535 BARSDALE DR
CITY- ST- ZIP PALM HARBOR FL 34685

TITLE VPD
NAME TANNER, WALT ☐ Delete
STREET ADDRESS 4523 BARSDALE DR
CITY- ST- ZIP PALM HARBOR FL 34685

TITLE TD
NAME MALLARD, CHRIS ☒ Delete
STREET ADDRESS 4486 BARSDALE DR
CITY- ST- ZIP PALM HARBOR FL 34685

TITLE D
NAME FALSO, KAREN ☐ Delete
STREET ADDRESS 4443 BARSDALE DR
CITY- ST- ZIP PALM HARBOR FL 34685

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE STD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

2/18/08