FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N34631** **(4)**

1. Corporation Name

BERRYHILL HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
890 STATE RD 434 N ALTAMONTE SPRINGS FL 32714	890 STATE RD 434 N ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified: 10/10/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2975474 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / (27)
City & State (23) / (28)
Zip (24) Country (25) / Zip (29) Country (30)

9. Name and Address of Current Registered Agent

GOODMAN, BARRY S.
890 STATE RD 434 N
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name: BIEDERMAN, R.A.
82 Street Address (P.O. Box Number is Not Acceptable): 890 State Road 434 North
83
84 City: Altamonte Springs FL 85 Zip Code: 32714

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] R.A. Biederman 4/26/95
(Signature of new Registered Agent) (Name of Registered Agent typed or printed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	T ☐ Change ☒ Addition
NAME	ANDERSON, DOTTI	12 NAME	SCHULTZ, TIM
STREET ADDRESS	304 STERLING DR	13 STREET ADDRESS	415 Bigstaff Court
CITY ST ZIP	WINTER HAVEN FL	14 CITY ST ZIP	Winter Haven, FL 33884
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	RIVAS, LINDA	22 NAME	
STREET ADDRESS	506 MONTGOMERY PL	23 STREET ADDRESS	
CITY ST ZIP	WINTER HAVEN FL	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	WICKE, MARCY	32 NAME	
STREET ADDRESS	306 STERLING DRIVE	33 STREET ADDRESS	
CITY ST ZIP	WINTER HAVEN FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	D ☒ Change ☐ Addition
NAME	GOODMAN, BARRY S	42 NAME	HUGHEY, JOANNE
STREET ADDRESS	890 STATE RD 434 N	43 STREET ADDRESS	890 State Road 434 North
CITY ST ZIP	ALTAMONTE SPRINGS FL	44 CITY ST ZIP	Altamonte Springs, FL 32714
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	GOODMAN, WILLIAM J.	52 NAME	
STREET ADDRESS	890 STATE ROAD 434 NORTH	53 STREET ADDRESS	
CITY ST ZIP	ALTAMONTE SPRINGS FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	BIEDERMAN, R. A.	62 NAME	
STREET ADDRESS	890 STATE ROAD 434 NORTH	63 STREET ADDRESS	
CITY ST ZIP	ALTAMONTE SPRINGS FL	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] William J. Goodman 4/26/95 (407) 788-6555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

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