

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N34631 (4)

1. Corporation Name

BERRYHILL HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**890 STATE RD 434 N
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**890 STATE RD 434 N
ALTAMONTE SPRINGS FL 32714**



3. Date Incorporated or Qualified

10/10/1989

3a. Date of Last Report

05/01/1995

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BIEDERMAN, R.A.
890 STATE ROAD 434 NORTH
ALTAMONTE SPRINGS FL 32714**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **ANDERSON, DOTI**
STREET ADDRESS **304 STERLING DR**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **V** ☐ DELETE

NAME **RIVAS, LINDA**
STREET ADDRESS **508 MONTGOMERY PL**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **S** ☒ DELETE

NAME **WICKE, MARCY**
STREET ADDRESS **308 STERLING DRIVE**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **D** ☐ DELETE

NAME **HUGHEY, JOANNE**
STREET ADDRESS **890 STATE ROAD 434 NORTH**
CITY-ST-ZIP **ALTAMONTE FL**

TITLE **D** ☐ DELETE

NAME **GOODMAN, WILLIAM J.**
STREET ADDRESS **890 STATE ROAD 434 NORTH**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE **D** ☐ DELETE

NAME **BIEDERMAN, R. A.**
STREET ADDRESS **890 STATE ROAD 434 NORTH**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **T** ☐ Change ☒ Addition

1.2 NAME **Schultz, Tim**
1.3 STREET ADDRESS **415 Bigstaff Court**
1.4 CITY-ST-ZIP **Winter Haven, FL 33884**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS **RESIGNED**
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/96 (407) 788-6555

Date

Daytime Phone #

CR2E037 (3/96)