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Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

880 STATE ROAD 434 NORTH
SUITE 7
ALTAMONTE SPRINGS FL 32714880 STATE ROAD 434 NORTH
SUITE 7
ALTAMONTE SPRINGS FL 32714-70243. Date Incorporated or Qualified
10/10/19893a. Date of Last Report
07/31/1996

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

GOODMAN, LAUREN B
880 STATE ROAD 434 NORTH
SUITE 7
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
NAME ANDERSON, DOTI
STREET ADDRESS 304 STERLING DR
CITY-ST-ZIP WINTER HAVEN FL
☐ DELETETITLE V
NAME RIVAS, LINDA
STREET ADDRESS 506 MONTGOMERY PL
CITY-ST-ZIP WINTER HAVEN FL
☒ DELETETITLE T
NAME SCHULTZ, TIM
STREET ADDRESS 415 BIGSTAFF COURT
CITY-ST-ZIP WINTER HAVEN FL
☒ DELETETITLE D
NAME HUGHEY, JOANNE
STREET ADDRESS 890 STATE ROAD 434 NORTH
CITY-ST-ZIP ALTAMONTE FL
☐ DELETETITLE D
NAME GOODMAN, WILLIAM J.
STREET ADDRESS 890 STATE ROAD 434 NORTH
CITY-ST-ZIP ALTAMONTE SPRINGS FL
☐ DELETETITLE D
NAME BIEDERMAN, R. A.
STREET ADDRESS 890 STATE ROAD 434 NORTH
CITY-ST-ZIP ALTAMONTE SPRINGS FL
☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition3.1 TITLE T
3.2 NAME Estelle Berger
3.3 STREET ADDRESS 306 Sterling Dr.
3.4 CITY-ST-ZIP Winter Haven, FL
☒ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition6.1 TITLE D
6.2 NAME H. Scott Gold
6.3 STREET ADDRESS 860 State Road 434 North, Suite 7
6.4 CITY-ST-ZIP Altamonte Springs, FL 32714
☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William J. Goodman, Director 1/14/97 (407) 788-6555

Date

Daytime Phone # 0013142

CR2E037 (9/96)