


**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90078 025 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # N34631</b> 1. Corporation Name <b>BERRYHILL HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business 389 STERLING DR., SE WINTER HAVEN FL 33884			Mailing Address 389 STERLING DR., SE WINTER HAVEN FL 33884		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 P.O. Box 7011 27 Suite, Apt. #, etc. 28 City & State 29 Winter Haven, FL 30 Zip Country 31 33883		3. Date Incorporated or Qualified 10/10/1989 4. FEI Number 59-2975474 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent DEL VILLAR, JORGE 389 STERLING DR., SE WINTER HAVEN FL 33884			10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable					
12. OFFICERS AND DIRECTORS TITLE PD NAME DEL VILLAR, JORGE STREET ADDRESS 390 STERLING DR., SE CITY-ST-ZIP WINTER HAVEN FL 33884 <input type="checkbox"/> DELETE TITLE TD NAME DUSTIN, BRENDA STREET ADDRESS 389 STERLING DR., SE CITY-ST-ZIP WINTER HAVEN FL 33884 <input type="checkbox"/> DELETE TITLE VD NAME POWELL, LARRY STREET ADDRESS 411 BIG STAFF CRT CITY-ST-ZIP WINTER PARK FL <input type="checkbox"/> DELETE TITLE SD NAME HOLLOWAY, SHERRY STREET ADDRESS 504 MONTGOMERY PLACE CITY-ST-ZIP WINTER HAVEN FL <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brenda R. Dustin  
 Treasurer

941-318-8938  
 Daytime Phone #

CR2E037 (1/98)