

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34631

1. Entity Name

BERRYHILL HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90003 043 ****61.25

Principal Place of Business

Mailing Address

389 STERLING DR., SE
 WINTER HAVEN FL 33884

P.O. BOX 7011
 WINTER HAVEN FL 33883-7011

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2975474

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEL VILLAR, JORGE
389 STERLING DR., SE
WINTER HAVEN FL 33884

Name **Del Villar, Jorge**

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

16284 S.W. 18th Place

City **Miramar**

FL

Zip Code **33027**

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **RD DEL VILLAR, JORGE**
 STREET ADDRESS **390 STERLING DR., SE**
 CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE Change Addition
 NAME **President LARRY A. Powell**
 STREET ADDRESS **411 Bigstaff**
 CITY-ST-ZIP **Winter Haven, FL. 33884**

TITLE Delete
 NAME **TD DUSTIN, BRENDA**
 STREET ADDRESS **389 STERLING DR., SE**
 CITY-ST-ZIP **WINTER HAVEN FL 33884**

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

TITLE Delete
 NAME **VD POWELL, LARRY**
 STREET ADDRESS **411 BIG STAFF CRT**
 CITY-ST-ZIP **WINTER PARK FL**

TITLE Change Addition
 NAME **John Lindsey**
 STREET ADDRESS **385 Starling Dr.**
 CITY-ST-ZIP **Winter Haven, FL. 33884**

TITLE Delete
 NAME **SD HOLLOWAY, SHERRY**
 STREET ADDRESS **504 MONTGOMERY PLACE**
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE Change Addition
 NAME **Patricia Vonkers**
 STREET ADDRESS **302 Starling Dr.**
 CITY-ST-ZIP **Winter Haven, FL. 33884**

TITLE Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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

TITLE Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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 exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brenda R. Dustin
Brenda R. Dustin

3/21/2000
3/21/2000

863-318-8938
863-318-8938

Date

Daytime Phone #

CR2E037 (9/99)