

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



DO NOT WRITE IN THIS SPACE

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

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 _____ DATE _____

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

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME Patricia Yonkers
STREET ADDRESS 302 Sterling 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: Brenda R. Dustin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)