


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90037 018 ****61.25

DOCUMENT # N94000001443	
1. Entity Name BERKSHIRE PLACE ASSOCIATION, INC.	

Principal Place of Business 1309 BERKSHIRE COURT VENICE FL 34292	Mailing Address 181 CENTER ROAD VENICE FL 34285
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 65-0482989		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent / ARHUS MGMT. OF VENICE, INC 181 CENTER ROAD VENICE FL 34285	7. Name and Address of New Registered Agent Name: ARGUS MGMT. OF VENICE, INC. Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME CUNNEEN, TOM STREET ADDRESS 1340 BERKSHIRE CT CITY ST ZIP VENICE FL 34292	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME POWELL, MINNIE STREET ADDRESS 1330 BERKSHIRE CT CITY ST ZIP VENICE FL 34292	<input checked="" type="checkbox"/> Delete	TITLE SECY NAME KOEHLER, SANDY STREET ADDRESS 1326 BERKSHIRE CT CITY ST ZIP VENICE, FL 34292	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME GILLEN, KENNETH STREET ADDRESS 1336 BERKSHIRE CT CITY ST ZIP VENICE FL 34292	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME BRIGHT, DALE STREET ADDRESS 1371 BERKSHIRE CT CITY ST ZIP VENICE FL 34292	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME HALE, DICK STREET ADDRESS 1375 BERKSHIRE CT CITY ST ZIP VENICE FL 34292	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Richard Hale - RICHARD HALE

3/15/07 941-484-8879

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #