

FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000000299 (6)**

1. Corporation Name

CLUB VILLAS OF BERKSHIRE PLACE ASSOCIATION, INC.

Principal Place of Business

**1501 WATERFORD DR.
VENICE FL 34292**

Mailing Address

**1501 WATERFORD DR.
VENICE FL 34292**

3. Date Incorporated or Qualified

01/20/1995

4. FEI Number

65-0572290

Applied For

Not Applicable

2. Principal Place of Business

21 395 Commercial Court

Suite, Apt. #, etc.

22 Suite A

City & State

23 Venice, FL

Zip

24 34292

Country

25 USA

2a. Mailing Address

26 395 Commercial Court

Suite, Apt. #, etc.

27 Suite A

City & State

28 Venice, FL

Zip

29 34292

Country

30 USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**PARRISH, JAYNE E
1501 WATERFORD DR.
VENICE FL 34292**

10. Name and Address of New Registered Agent

81 Name

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

395 Commercial Court

83 Suite A

84 City

Venice

FL

85 Zip Code

34292

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

4-29-80

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **VD
MILLER, MICHAEL W**
STREET ADDRESS **1501 WATERFORD DR.**
CITY-ST-ZIP **VENICE FL 34292**

TITLE ☐ DELETE

NAME **STD
LIBERI, NANCY A**
STREET ADDRESS **1501 WATERFORD DR.**
CITY-ST-ZIP **VENICE FL 34292**

TITLE ☐ DELETE

NAME **PD
PARRISH, J E**
STREET ADDRESS **1501 WATERFORD DR.**
CITY-ST-ZIP **VENICE FL 34292**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS **395 Commercial Court, Suite A**
1.4 CITY-ST-ZIP **Venice, FL 34292**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **395 Commercial Court, Suite A**
2.4 CITY-ST-ZIP **Venice, FL 34292**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS **395 Commercial Court, Suite A**
3.4 CITY-ST-ZIP **Venice, FL 34292**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-98

Date

941-485-6263

Daytime Phone #

0066836

CR2E037 (10/97)