


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90041 007 \*\*\*\*61.25

<b>DOCUMENT # N95000000299</b>			
1. Entity Name <b>CLUB VILLAS OF BERKSHIRE PLACE ASSOCIATION, INC.</b>			
Principal Place of Business <b>1205 BERKSHIRE CIRCLE VENICE FL 34292 US</b>		Mailing Address <b>1205 BERKSHIRE CIRCLE VENICE FL 34292 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>FRAZIER, ELEANOR 1218 BERKSHIRE CIRCLE VENICE FL 34292</b>		7. Name and Address of New Registered Agent Name <b>Superko, Ann</b> Street Address (P.O. Box Number is Not Acceptable) <b>1238 Berkshire Circle</b> City <b>Venice</b> <b>FL</b> Zip Code <b>34292</b>	
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 <u><i>Ann P. Superko</i></u> DATE <u>3-10-05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>STRICKLAND, BILL</b> <b>1244 BERKSHIRE CIRCLE</b> <b>VENICE FL 34292</b> <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	<b>VD</b> <b>ROSEMARY, FITCHETT</b> <b>1209 BERSHIRE CIRCLE</b> <b>VENICE FL 34292</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>ZOLFO, MIKE</b> <b>1202 BERKSHIRE CIRCLE</b> <b>VENICE, FL 34292</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>MISIEWICZ, RICHARD</b> <b>1246 BERKSHIRE CIRCLE</b> <b>VENICE FL 34292</b> <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	<b>SD</b> <b>FRAZIER, ELEANOR</b> <b>1218 BERKSHIRE CIR</b> <b>VENICE FL 34292</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>SUPERKO, ANN</b> <b>1238 BERKSHIRE CIRCLE</b> <b>VENICE, FL 34292</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LESTER, MILDRED</b> <b>1204 BERKSHIRE CIR</b> <b>VENICE FL 34292</b> <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



1st MOORE CR2E037 (10/04)

4. FEI Number **65-0572290** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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: *Ann P. Superko* *Ann P. Superko*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-05 941-480-9181  
Date Daytime Phone #