

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                               |                                                                                                      |                                                                                                                     |                                                       |                                                                                                                                                                         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N95000000299</b><br>1. Entity Name<br><b>CLUB VILLAS OF BERKSHIRE PLACE ASSOCIATION, INC.</b>                                                                                                                   |                                                                                                      |                                                                                                                     |                                                       |                                                                                       |  |
| Principal Place of Business<br><b>1205 BERKSHIRE CIRCLE<br/>VENICE FL 34292<br/>US</b>                                                                                                                                        |                                                                                                      | Mailing Address<br><b>1205 BERKSHIRE CIRCLE<br/>VENICE FL 34292<br/>US</b>                                          |                                                       |                                                                                                                                                                         |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                         |                                                                                                      | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                           |                                                       | 1st MOORE CR2E037 (10/05)                                                                                                                                               |  |
| City & State                                                                                                                                                                                                                  |                                                                                                      | City & State                                                                                                        |                                                       | 4. FEI Number <b>65-0572290</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div>            |  |
| Zip                                                                                                                                                                                                                           | Country                                                                                              | Zip                                                                                                                 | Country                                               | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                                                                         |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SUPERKO, ANN<br/>1238 BERKSHIRE CIRCLE<br/>VENICE FL 34292</b>                                                                                                      |                                                                                                      |                                                                                                                     |                                                       | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |  |
| 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when terminating) DATE _____                                                        |                                                                                                      |                                                                                                                     |                                                       |                                                                                                                                                                         |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2006</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<br/>Florida Department of State</b>                                                                                                            |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                    |                                                                                                      |                                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP                                                                                                                                                                               | P<br>STRICKLAND, BILL<br>1244 BERKSHIRE CIRCLE<br>VENICE FL 34292 <input type="checkbox"/> Delete    |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Add<br><b>U00000475274<br/>04/05/06-80009-004 61.25</b>                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP                                                                                                                                                                               | VD<br>ZOLFO, MIKE<br>1202 BERKSHIRE CIRCLE<br>VENICE FL 34292 <input type="checkbox"/> Delete        |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP                                                                                                                                                                               | TD<br>MISIEWICZ, RICHARD<br>1246 BERKSHIRE CIRCLE<br>VENICE FL 34292 <input type="checkbox"/> Delete |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP                                                                                                                                                                               | SD<br>SUPERKO, ANN<br>1238 BERKSHIRE CIRCLE<br>VENICE FL 34292 <input type="checkbox"/> Delete       |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP                                                                                                                                                                               | D<br>LESTER, MILDRED<br>1204 BERKSHIRE CIR<br>VENICE FL 34292 <input type="checkbox"/> Delete        |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                      |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                            |  |

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: *Ann P Superko* *Ann P Superko* 3-18-06 941-480-9181