

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90114 018 ****61.25

DOCUMENT # N97000004436

1. Entity Name

BERKLEY POINTE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**3900 SOUTH FLORIDA AVENUE
 LAKELAND FL 33813**

Mailing Address

**3900 SOUTH FLORIDA AVENUE
 LAKELAND FL 33813**

2. Principal Place of Business

BERKLEY POINTE

3. Mailing Address

P.O. Box 1581

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

AUBURNDALE, FL

City & State

AUBURNDALE, FL

4. FEI Number

59-3495778

Applied For

Not Applicable

Zip

33823

Country

USA

Zip

33823

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CORBETT, R D
 3900 SOUTH FLORIDA AVENUE
 LAKELAND FL 33813**

7. Name and Address of New Registered Agent

Name

KEVIN MAURER

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

540 BERKLEY POINTE DR.

City

AUBURNDALE

FL

Zip Code
33823

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

Kevin M. Maurer **KEVIN M. MAURER**

4-14-01

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

TITLE **DP** ☒ Delete
 NAME **CORBETT, R D**
 STREET ADDRESS **3900 SOUTH FLORIDA AVENUE**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **DST** ☒ Delete
 NAME **REHBERG, JAMES H**
 STREET ADDRESS **5705 GREENWAY CIRCLE**
 CITY-ST-ZIP **LAKELAND FL 33805**

TITLE **D** ☒ Delete
 NAME **MILLER, JERRY D**
 STREET ADDRESS **3900 SOUTH FLORIDA AVENUE**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
 NAME **KEVIN MAURER**
 STREET ADDRESS **540 BERKLEY POINTE DR.**
 CITY-ST-ZIP **AUBURNDALE, FL 33823**

TITLE **V** ☒ Change ☐ Addition
 NAME **RICHARD GRONHEIMER**
 STREET ADDRESS **611 BERKLEY POINTE PLACE**
 CITY-ST-ZIP **AUBURNDALE, FL 33823**

TITLE **S/T** ☒ Change ☐ Addition
 NAME **MELISSA WHITEHEAD**
 STREET ADDRESS **636 BERKLEY POINTE DR.**
 CITY-ST-ZIP **AUBURNDALE, FL 33823**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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: *Kevin M. Maurer* **KEVIN M. MAURER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-01

Date

(863) 551-8185

Daytime Phone #

CR2E037 (10/00)