

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90043 046 \*\*\*\*70.00

**DOCUMENT # N97000004436**

1. Entity Name

**BERKLEY POINTE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**BERKEY POINTE**  
**3900 SOUTH FLORIDA AVENUE**  
**AUBURDALE FL 33823**

**P.O. BOX 1581**  
**AUBURDALE FL 33823**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3495778**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75 Additional**  
**Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

**John "CJ" Phillips**  
 Street Address (P.O. Box Number is Not Acceptable)

**632 Berkley Pointe Pass**

City

**Auburndale****FL**

Zip Code

**33823**

**MAURER, KEVIN**  
**540 BERKLEY POINTE DR**  
**AUBURDALE FL 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

*John Phillips*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**2/1/02**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

**TITLE** **DP** ☒ Delete  
**NAME** **MAURER, KEVIN**  
**STREET ADDRESS** **540 BERKLEY POINTE DR**  
**CITY-ST-ZIP** **AUBURDALE FL 33823**

**TITLE** **DP** ☐ Change ☒ Addition  
**NAME** **John "CJ" Phillips**  
**STREET ADDRESS** **632 Berkley Pointe Pass**  
**CITY-ST-ZIP** **Auburndale, FL 33823**

**TITLE** **DV** ☒ Delete  
**NAME** **OPPENHEIMER, RICHARD**  
**STREET ADDRESS** **611 BERKLEY POINTE PL**  
**CITY-ST-ZIP** **AUBURDALE FL 33823**

**TITLE** **DV** ☐ Change ☒ Addition  
**NAME** **Steve Biggar**  
**STREET ADDRESS** **660 Berkley Pointe Dr.**  
**CITY-ST-ZIP** **Auburndale, FL 33823**

**TITLE** **ST** ☒ Delete  
**NAME** **WHITEHEAD, MELISSA**  
**STREET ADDRESS** **636 BERKLEY POINTE DR**  
**CITY-ST-ZIP** **AUBURDALE FL 33823**

**TITLE** **ST** ☐ Change ☒ Addition  
**NAME** **Laura Hayes**  
**STREET ADDRESS** **609 Berkley Pointe Dr.**  
**CITY-ST-ZIP** **Auburndale, FL 33823**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John Phillips*

Date

**2/1/02 843 967 4740**

Daytime Phone #

CFR2037 (9/01)