

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90023 012 ****61.25

DOCUMENT # N97000004436					
1. Entity Name BERKLEY POINTE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 619 BERKLEY POINTE DR. AUBURNDALE, FL 33823			Mailing Address 619 BERKLEY POINTE DR. AUBURNDALE, FL 33823		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 841			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		Auburndale FL		4. FEI Number 59-3495778	
Zip		Country		33823 Poik	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SHEFFIELD, JERRY 619 BERKLEY POINTE DR. PLACE AUBURNDALE, FL 33823				Name Street Address (P.O. Box Number is Not Acceptable) City	
FL				Zip Code	
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>Jerry Sheffield, President</u>				DATE <u>3-27-08</u>	
Signature, typed or printed name of registered agent and not applicable . (NOTE: Registered Agent signature required when reinstating)				DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHEFFIELD, JERRY 619 BERKLEY POINTE DR. PLACE AUBURNDALE, FL 33823		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VV EDMONDST, COREY 606 BERKLEY POINTE DR. PLACE AUBURNDALE, FL 33823		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BEVONDS, RANDY 630 BERKLEY POINTE DR. PLACE AUBURNDALE, FL 33823		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Jerry Sheffield, President</u>				DATE <u>3-27-08</u>	
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <u>863-412-5702</u>	