

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90423 025 \*\*\*\*70.00

**DOCUMENT # N97000004436**

1. Entity Name

**BERKLEY POINTE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

**609 Berkley Pointe Dr**  
Suite, Apt. #, etc.

3. Mailing Address

**PO Box 1581**  
Suite, Apt. #, etc.

City & State

**Auburndale FL**

City & State

**Auburndale FL**

Zip

**33823**

Country

**USA**

Zip

**33823**

Country

**USA**

4. FEI Number **59-3495778**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional**

**Fees Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PHILLIPS, JOHN CJ  
632 BERKLEY POINTE PASS  
AUBURNDALE FL 33823**

7. Name and Address of New Registered Agent

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>PHILLIPS, JOHN CJ</b>	
STREET ADDRESS	<b>632 BERKLEY POINTE PASS</b>	
CITY-ST-ZIP	<b>AUBURNDALE FL 33823</b>	
TITLE	<b>DV</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BIGGER, STEVE</b>	
STREET ADDRESS	<b>660 BERKLEY POINTE DR</b>	
CITY-ST-ZIP	<b>AUBURNDALE FL 33823</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>HAYES, LAURA</b>	
STREET ADDRESS	<b>609 BERKLEY POINTE DR.</b>	
CITY-ST-ZIP	<b>AUBURNDALE FL 33823</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DV</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Aderholt, Steven</b>	
STREET ADDRESS	<b>508 Berkley Pointe Dr</b>	
CITY-ST-ZIP	<b>Auburndale FL 33823</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/16/2003 863 967 2770**

CR2E037 (10/02)