# 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N26824

Entity Name: BERISFORD HOMEOWNERS ASSOCIATION, INC.

# Current Principal Place of Business:

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779

# **Current Mailing Address:**

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 US

### FEI Number: 59-2902244

### Name and Address of Current Registered Agent:

SENTRY MANAGEMENT INC 2180 WEST SR 434 STE 5000 LONGWOOD, FL 32779 US Certificate of Status Desired: No

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:	BRADLEY POMP	03/11/2022
	Electronic Signature of Registered Agent	Date

# **Officer/Director Detail :**

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Title	PRESIDENT, DIRECTOR	Title	VP, DIRECTOR
Name	ROBBINS, SHANE	Name	VITALE, JOSEPH
Address	2180 WEST SR 434 STE 5000	Address	2180 WEST SR 434 STE 5000
City-State-Zip:	LONGWOOD FL 32779	City-State-Zip:	LONGWOOD FL 32779
Title	SECRETARY, DIRECTOR	Title	TREASURER, DIRECTOR
Name	ZARLE, JODY	Name	HOFRICHTER, BENJAMIN
Address	2180 WEST SR 434 STE 5000	Address	2180 WEST SR 434 STE 5000
City-State-Zip:	LONGWOOD FL 32779	City-State-Zip:	LONGWOOD FL 32779
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR HOGLUND, NANCY	Title Name	DIRECTOR LAMM, SHARON
Name	HOGLUND, NANCY	Name	LAMM, SHARON 2180 WEST SR 434 STE 5000
Name Address	HOGLUND, NANCY 2180 WEST SR 434 STE 5000	Name Address	LAMM, SHARON 2180 WEST SR 434 STE 5000
Name Address City-State-Zip:	HOGLUND, NANCY 2180 WEST SR 434 STE 5000 LONGWOOD FL 32779	Name Address City-State-Zip:	LAMM, SHARON 2180 WEST SR 434 STE 5000 LONGWOOD FL 32779
Name Address City-State-Zip: Title	HOGLUND, NANCY 2180 WEST SR 434 STE 5000 LONGWOOD FL 32779 DIRECTOR	Name Address City-State-Zip: Title	LAMM, SHARON 2180 WEST SR 434 STE 5000 LONGWOOD FL 32779 DIRECTOR
Name Address City-State-Zip: Title Name	HOGLUND, NANCY 2180 WEST SR 434 STE 5000 LONGWOOD FL 32779 DIRECTOR HOUSMAN, MARK	Name Address City-State-Zip: Title Name	LAMM, SHARON 2180 WEST SR 434 STE 5000 LONGWOOD FL 32779 DIRECTOR MCKEEN, BILL 2180 WEST SR 434 STE 5000

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

#### SIGNATURE: SHANE ROBBINS

PRESIDENT

03/11/2022

Electronic Signature of Signing Officer/Director Detail

# FILED Mar 11, 2022 Secretary of State 8139745209CC