

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34631

Entity Name: BERRYHILL HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**28609 HWY 27
DUNDEE, FL 33838**Current Mailing Address:**PO BOX 510
DUNDEE, FL 33838 US**FEI Number:** 59-2975474**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PROPERTY SERVICES, GARRISON
28609 HWY 27
DUNDEE, FL 33830 US*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:** GARRISON PROPERTY SERVICES

03/25/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HOYLE, MIKE
Address 433 BIGSTAFF CT
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR
Name SNYDER, TIM
Address 312 STERLING DRIVE
City-State-Zip: WINTER HAVEN FL 33884

Title SECRETARY
Name KNUTH, DEBBIE
Address 428 BIGSTAFF CT
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR
Name PITTALUGA, VERONICA
Address 366 STERLING DR
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR
Name LYNCH, MARILYN
Address P.O. BOX 7011
City-State-Zip: WINTER HAVEN FL 33883

Title VP
Name BONFRANCESCO, BARBARA
Address 348 STERLING DRIVE
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR
Name CRUZ, EMMANUEL
Address 507 MONTGOMERY PL
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR
Name KIESSLING, DAVID
Address 502 MONTGOMERY PL
City-State-Zip: WINTER HAVEN FL 33884

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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: BARBARA BONFRANCESCO

PRESIDENT

03/25/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	KENDALL, JAKE
Address	372 STERLING DR
City-State-Zip:	WINTER HAVEN FL 33884