


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 06 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 766606 (8)**

1. Corporation Name  
**BERRIEDALE ASSOCIATION, INC.**



Principal Place of Business <b>POST OFFICE BOX 6017 FT. MYERS BEACH FL 33932</b>	Mailing Address <b>POST OFFICE BOX 6017 FT. MYERS BEACH FL 33932</b>
---	---

3. Date Incorporated or Qualified <b>01/20/1983</b>	
4. FEI Number <b>65-0107606</b>	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent

**SMITH, SONJA  
 C/O D.G. SUITOR & ASSOCIATES  
 1661 ESTERO BLVD. #27  
 FT. MYERS BEACH FL 33931**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Hank Estridge* DATE: *2-15-98*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ESTRIDGE, HANK</b>		1.2 NAME	
STREET ADDRESS <b>15581 SE LOCKMABEN AVE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>FT. MYERS FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CAMPBELL, BOB</b>		2.2 NAME	
STREET ADDRESS <b>15561 LOCHMAHEN</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>FT MYERS FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GLASER, DONALD</b>		3.2 NAME	
STREET ADDRESS <b>15820 KILMARNOCK DR SE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>FT. MYERS FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>VTB</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WILKINSON, BETH</b>		4.2 NAME	
STREET ADDRESS <b>15573 LOCK MELON AVE.</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>FT. MYERS FL</b>		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME <b>Ann Gregory</b>	
STREET ADDRESS		5.3 STREET ADDRESS <b>8612 Timber Park Dr.</b>	
CITY-ST-ZIP		5.4 CITY-ST-ZIP <b>Centerville, OH 45458</b>	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Hank Estridge* DATE: *2-15-98*

CR2E037 (10/97)