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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 766606

1. Corporation Name

BERRIEDALE ASSOCIATION, INC.

Principal Place of Business
 POST OFFICE BOX 6017
 FT. MYERS BEACH FL 33932

Mailing Address
 POST OFFICE BOX 6017
 FT. MYERS BEACH FL 33932



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/20/1983

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
 65-0107606

Applied For
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
 NAME ESTRIDGE, HANK
 STREET ADDRESS 15581 SE LOCKMABEN AVE
 CITY-ST-ZIP FT. MYERS FL

1.1 TITLE Change Addition
 1.2 NAME SD Pam Ostendorf
 1.3 STREET ADDRESS 15597 Lockmaben Ave
 1.4 CITY-ST-ZIP Ft Myers, FL 33912

TITLE SD DELETE
 NAME GREGORY, ANN
 STREET ADDRESS 8612 TIMBER PARK DR
 CITY-ST-ZIP CENTERVILLE OH 45458

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE D DELETE
 NAME GLASER, DONALD
 STREET ADDRESS 15820 KILMARNOCK DR SE
 CITY-ST-ZIP FT. MYERS FL

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE VTD DELETE
 NAME WILKINSON, BETH
 STREET ADDRESS 15573 LOCK MELON AVE.
 CITY-ST-ZIP FT. MYERS FL

4.1 TITLE Change Addition
 4.2 NAME SD
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE: *[Signature]* HANK ESTRIDGE 2-7-99 941-765-5300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)