

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUL 24 AM 8:24

DOCUMENT # **N08816 (3)**  
1. Corporation Name  
**BERN CREEK IMPROVEMENT ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**1550 BERN CREEK LOOP  
P.O. BOX 14035-NE PLAZA  
SARASOTA FL 34240  
US** **1550 BERN CREEK LOOP  
P.O. BOX 14035-NE PLAZA  
SARASOTA FL 34240  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/19/1985** 3a. Date of Last Report **06/24/1994**  
4. FEI Number **59-2568560** Applied For   
Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **Gulf Coast Management** 25 **Gulf Coast Management**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **2831 Ringling Blvd, Ste. 2187** 27 **2831 Ringling Blvd, Ste. 2187**  
City & State City & State  
23 **Sarasota, FL** 28 **Sarasota, FL**  
Zip Country Zip Country  
24 **34237 USA** 29 **34237 USA** 30

9. Name and Address of Current Registered Agent  
**FITZGERALD, EILEEN M.  
1550 BERN CREEK LOOP  
SARASOTA FL 34240**

10. Name and Address of New Registered Agent  
81 Name **Gulf Coast Management**  
82 Street Address (P.O. Box Number is Not Acceptable) **2831 Ringling Blvd**  
83 **Suite 2187**  
84 City **Sarasota** FL 85 Zip Code **34237**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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 607.0505, Florida Statutes.  
SIGNATURE *Eileen M. Fitzgerald* (Typed Name of Registered Agent and Title) (Typed Name of Registered Agent)  
Signature (Typed Name of Registered Agent and Title) (Typed Name of Registered Agent)

| 12. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | VPD<br>CHADSEY, DAVID<br>11851 MARSH HEAD ROAD<br>SARASOTA FL  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | SD<br>CASTRO, MELLISSA<br>1200 PINE PRARIE ROAD<br>SARASOTA FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | PD<br>BLAIKIE, ROBIN<br>12001 BACKWATER ROAD<br>SARASOTA FL    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | TD<br>HOWARD, WILLIAM<br>1051 BERN CREEK LOOP<br>SARASOTA FL   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | D<br>BROWN, BETTY<br>1501 BERN CREEK LOOP<br>SARASOTA FL       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | D<br>BERGHEIM, RICHARD<br>2300 BERN CREEK LOOP<br>SARASOTA FL  |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12      |   |
|--|---|
| 11 TITLE<br>12 NAME<br>13 STREET ADDRESS<br>14 CITY ST ZIP | VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>Arsenault, Dave<br>1350 Bern Creek Loop, Sarasota, FL 34240     |
| 21 TITLE<br>22 NAME<br>23 STREET ADDRESS<br>24 CITY ST ZIP | SD <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>Same  |
| 31 TITLE<br>32 NAME<br>33 STREET ADDRESS<br>34 CITY ST ZIP | PD <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>Same  |
| 41 TITLE<br>42 NAME<br>43 STREET ADDRESS<br>44 CITY ST ZIP | TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>Fitzgerald, Eileen<br>1550 Bern Creek Loop<br>Sarasota, FL 34240 |
| 51 TITLE<br>52 NAME<br>53 STREET ADDRESS<br>54 CITY ST ZIP | D <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>Same   |
| 61 TITLE<br>62 NAME<br>63 STREET ADDRESS<br>64 CITY ST ZIP | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>Robbins, Tony<br>1308 Oak Hammock Rd<br>Sarasota, FL              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 appropriate, or on an attachment with an address.

SIGNATURE: *Robin M. Blaikie* **ROBIN M. BLAIKIE** 5/11/95 873 318 0470  
Signature (Typed Name of Signing Officer or Director) (Date) (Phone Number)