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NONPROFIT CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N08816

1. Corporation Name

BERN CREEK IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business

1550 BERN CREEK LOOP  
SARASOTA FL 34240  
US

Mailing Address

1550 BERN CREEK LOOP  
SARASOTA FL 34240  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/19/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2568560	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution	
25		30		\$5.00 May Be Added to Fees	

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	SAME	
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: *Eileen M Fitzgerald* DATE: 2/8/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, WILLIAM	1.2 NAME	
STREET ADDRESS	1051 BERN CREEK LOOP	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34240	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTRO, MELISSA	2.2 NAME	
STREET ADDRESS	1200 PINE PRARIE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34240	2.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>KLEIBER, WILLIAM</del>	3.2 NAME	SUSAN Schoettle-Gum
STREET ADDRESS	<del>1508 OAK HAMMOCK ROAD</del>	3.3 STREET ADDRESS	<del>1508</del> 1300 BERN CREEK LOOP
CITY-ST-ZIP	<del>SARASOTA FL 34240</del>	3.4 CITY-ST-ZIP	SARASOTA, FLORIDA 34240
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZGERALD, EILEEN	4.2 NAME	FITZGERALD, E
STREET ADDRESS	1550 BERN CREEK LOOP	4.3 STREET ADDRESS	1550 BERN CREEK LOOP
CITY-ST-ZIP	SARASOTA FL 34240	4.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, BETTY	5.2 NAME	BROWN, BETTY
STREET ADDRESS	1501 BERN CREEK LOOP	5.3 STREET ADDRESS	1501 BERN CREEK LOOP
CITY-ST-ZIP	SARASOTA FL 34240	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBBINS, ANTHONY	6.2 NAME	ROBIN Blakie
STREET ADDRESS	1308 OAK HAMMOCK RD	6.3 STREET ADDRESS	13001 Backwater Road
CITY-ST-ZIP	SARASOTA FL 34240	6.4 CITY-ST-ZIP	SARASOTA, FL 34240

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: *Eileen M Fitzgerald* DATE: 2/8/99 DAYTIME PHONE #: 941-371-0725  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)