

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90182 033 ****61.25

DOCUMENT # N08816
 1. Entity 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 34240-9239 US
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80039288



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2568560	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FITZGERALD, EILEEN M
1550 BERN CREEK LOOP
SARASOTA FL 34240

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOWARD, WILLIAM 1051 BERN CREEK LOOP SARASOTA FL 34240 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CASTRO, MELISSA <i>Melissa</i> <input type="checkbox"/> Delete 1200 PINE PRARIE ROAD SARASOTA FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOETTLE/ SUSAN G 1300 BERN CREEK LOOP SARASOTA FL 34240 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FITZGERALD, EILEEN <input checked="" type="checkbox"/> Delete 1550 BERN CREEK LOOP SARASOTA FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BROWN, BETTY <input type="checkbox"/> Delete 1501 BERN CREEK LOOP SARASOTA FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINS, BLAIKIE <i>Robin</i> <input type="checkbox"/> Delete 12001 BACKWATER RD SARASOTA FL 34240

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NP Adam Chicoine <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1901 Bern Creek Loop Sarasota, FL. 34240 <i>Vice President</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Castro, Melissa
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President Susan Schoettle - Gunn
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Secretary Kathy Gustafson 200 Bern Creek Loop Sarasota, FL. 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Blaikie, Robin

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** *TRW* **4/3/2000** **366-7466**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)