

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N08816

1. Entity Name
BERN CREEK IMPROVEMENT ASSOCIATION, INC.



Principal Place of Business
**1550 BERN CREEK LOOP
SARASOTA, FL 34240 US**

Mailing Address
**2831 RINGLING BLVD 218F
SARASOTA, FL 34237 US**



04282004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2568560** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

5. Name and Address of Current Registered Agent

**ALL FLORIDA SERVICES
2831 RINGLING BLVD 218F
SARASOTA, FL 34237**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE: DVP
NAME: BOWLING, TERRY
STREET ADDRESS: 2831 RINGLING BLVD STE 218F
CITY - ST - ZIP: SARASOTA, FL 34237

TITLE: D
NAME: FITZGERALD, EILEEN
STREET ADDRESS: 2831 RINGLING BLVD STE 218F
CITY - ST - ZIP: SARASOTA, FL 34237

TITLE: S
NAME: GUSTAFSON, KATHY
STREET ADDRESS: 2831 RINGLING BLVD STE 218F
CITY - ST - ZIP: SARASOTA, FL 34237

TITLE: D
NAME: BROWN, BETTY
STREET ADDRESS: 2831 RINGLING BLVD STE 218F
CITY - ST - ZIP: SARASOTA, FL 34237

TITLE: D
NAME: BLAIKIE, ROBIN
STREET ADDRESS: 2831 RINGLING BLVD STE 218F
CITY - ST - ZIP: SARASOTA, FL 34237

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

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05/04/04-80008-005 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Robin Blaikie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04

Date

9413667486
Daytime Phone #