


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**  
**FLSC&MH**

**07 MAR 30 AM 10: 24**

|  |                             |  |   |   |   |
|--|-----------------------------|--|---|---|---|
| <b>DOCUMENT # N08816</b>   |                             |  |   |  |   |
| 1. Entity Name<br>BERN CREEK IMPROVEMENT ASSOCIATION, INC.   |                             |  |   |   |   |
| Principal Place of Business<br>1550 BERN CREEK LOOP<br>SARASOTA, FL 34240 US   |                             |  | Mailing Address<br>2831 RINGLING BLVD 218F<br>SARASOTA, FL 34237 US |   |   |
| 2. Principal Place of Business - No P.O. Box #   |                             |  | 3. Mailing Address  |   |   |
| Suite, Apt. #, etc.  |                             |  | Suite, Apt. #, etc.   |   |   |
| City & State   |                             |  | City & State  |   |   |
| Zip  |                             | Country  |   | Zip   |   |
| Country  |                             | Country  |   | Country   |   |
| 6. Name and Address of Current Registered Agent  |                             |  |   | 7. Name and Address of New Registered Agent                                       |   |
| ALL FLORIDA SERVICES<br>2831 RINGLING BLVD 218F<br>SARASOTA, FL 34237  |                             |  |   | Name  |   |
|  |                             |  |   | Street Address (P O. Box Number is Not Acceptable)                                |   |
|  |                             |  |   | City  |   |
|  |                             |  |   | FL  |   |
| Zip Code   |                             | Zip Code   |   | 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. I am familiar with, and accept the obligations of registered agent.  |                             |  |   |   |   |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>   |                             |  |   |   |   |
| <b>Filing Fee is \$61.25 Due by May 1, 2007</b>  |                             | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |   |
| Make check payable to Florida Department of State  |                             |  |   |   |   |
| 10. OFFICERS AND DIRECTORS   |                             |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                             |   |
| TITLE  | S                           | <input type="checkbox"/> Delete  |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | FITZGERALD, EILEEN          |  |   | NAME  |   |
| STREET ADDRESS   | 2831 RINGLING BLVD STE 218F |  |   | STREET ADDRESS  |   |
| CITY-ST-ZIP  | SARASOTA, FL 34237          |  |   | CITY-ST-ZIP   |   |
| TITLE  | VP                          | <input type="checkbox"/> Delete  |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | GUSTAFSON, KATHY            |  |   | NAME  |   |
| STREET ADDRESS   | 2831 RINGLING BLVD STE 218F |  |   | STREET ADDRESS  |   |
| CITY-ST-ZIP  | SARASOTA, FL 34237          |  |   | CITY-ST-ZIP   |   |
| TITLE  | D                           | <input type="checkbox"/> Delete  |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | BROWN, BETTY                |  |   | NAME  |   |
| STREET ADDRESS   | 2831 RINGLING BLVD STE 218F |  |   | STREET ADDRESS  |   |
| CITY-ST-ZIP  | SARASOTA, FL 34237          |  |   | CITY-ST-ZIP   |   |
| TITLE  | P                           | <input type="checkbox"/> Delete  |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | BLAIKIE, ROBIN              |  |   | NAME  |   |
| STREET ADDRESS   | 2831 RINGLING BLVD STE 218F |  |   | STREET ADDRESS  |   |
| CITY-ST-ZIP  | SARASOTA, FL 34237          |  |   | CITY-ST-ZIP   |   |
| TITLE  |                             | <input type="checkbox"/> Delete  |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                             |  |   | NAME  |   |
| STREET ADDRESS   |                             |  |   | STREET ADDRESS  |   |
| CITY-ST-ZIP  |                             |  |   | CITY-ST-ZIP   |   |
| TITLE  |                             | <input type="checkbox"/> Delete  |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                             |  |   | NAME  |   |
| STREET ADDRESS   |                             |  |   | STREET ADDRESS  |   |
| CITY-ST-ZIP  |                             |  |   | CITY-ST-ZIP   |   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Robin Blaikie P Robin Blaikie</i>  |                             |  |   | Date: <i>3/20/07</i>  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                             |  |   | Daytime Phone #: <i>941 366 2466</i>  |   |



01122007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2568560 Applied For Not Applicable

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

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04/10/07-80043-002 61.25