

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90234 035 ****61.25

0067596

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-2568560**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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. 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 _____

FILE NOW: FEE IS \$61.25

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DVP	<input type="checkbox"/> Delete
NAME	BOWLING, TERRY	
STREET ADDRESS	1101 BERR CREEK LOOP	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LEGG, DAN	
STREET ADDRESS	4482 DIAMOND CIRCLE E	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	D	<input type="checkbox"/> Delete
NAME	FITZGERALD, EILEEN	
STREET ADDRESS	1550 BERN CREEK LOOP	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	S	<input type="checkbox"/> Delete
NAME	GUSTAFSON, KATHY	
STREET ADDRESS	2001 BERN CREEK LOOP	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, BETTY	
STREET ADDRESS	1501 BERN CREEK LOOP	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLAIKIE, ROBIN	
STREET ADDRESS	12001 BACKWATER RD	
CITY-ST-ZIP	SARASOTA FL 34240	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2831 RINGLING BLVD, Ste 218F	
CITY-ST-ZIP	SARASOTA, FL 34237	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2831 RINGLING BLVD, Ste 218F	
CITY-ST-ZIP	SARASOTA, FL 34237	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2831 RINGLING BLVD, Ste 218F	
CITY-ST-ZIP	SARASOTA, FL 34237	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2831 RINGLING BLVD, Ste 218F	
CITY-ST-ZIP	SARASOTA, FL 34237	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2831 RINGLING BLVD, Ste 218F	
CITY-ST-ZIP	SARASOTA, FL 34237	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2831 RINGLING BLVD, Ste 218F	
CITY-ST-ZIP	SARASOTA, FL 34237	

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: ROBIN BLAIKIE 4/22/02 3667466

CR2E037 (10/02)