FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAR 15 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N25276

1. Corporation Name

BERKLEY WOODS OWNERS ASSN. INC

Principal Place of Business	Mailing Address
8506 ASHBURY DR. HUDSON FL 34667	8506 ASHBURY DR. HUDSON, FL 34667

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03-08-88
3a. Date of Last Report: Jan. 26, 1994

2. Principal Place of Business
21 8506 ASHBURY DR.
22 Suite, Apt. #, etc.
23 City & State: HUDSON FL
24 Zip: 34667
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 59-2875369 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WARD, R. CARLTON
1253 PARK ST.
CLEARWATER, FL 34616

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P/D
NAME	ALU PAT J.
STREET ADDRESS	8621 CAITLIN CT.
CITY-ST-ZIP	HUDSON FL
TITLE	S/D
NAME	GORMAN CHARLES
STREET ADDRESS	13649 DUNWOODY CT.
CITY-ST-ZIP	HUDSON FL
TITLE	T/D
NAME	RAPOSO ALICE
STREET ADDRESS	13619 DUNWOODY CT
CITY-ST-ZIP	HUDSON
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P/D	☒ Change ☐ Addition
1.2 NAME	SCALZA, FIORE	
1.3 STREET ADDRESS	8614 ASHBURY DR.	
1.4 CITY-ST-ZIP	HUDSON, FL 34667	
2.1 TITLE	S/D	☒ Change ☐ Addition
2.2 NAME	KOONTZ, ROBERTA	
2.3 STREET ADDRESS	8546 ASHBURY DR.	
2.4 CITY-ST-ZIP	HUDSON FL 34667	
3.1 TITLE	T/D	☒ Change ☐ Addition
3.2 NAME	WAGNECZ MARGUERITE	
3.3 STREET ADDRESS	8506 ASHBURY DR.	
3.4 CITY-ST-ZIP	HUDSON FL 34667	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME	200001431802	
4.3 STREET ADDRESS	-03/16/95--01083--003	
4.4 CITY-ST-ZIP	****208.00 ****208.00	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marguerite Wagnecz Treasurer Jan-23, 1995 813-862-0257
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #
MARGUERITE WAGNECZ