FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **N94000001443**

BERKSHIRE PLACE ASSOCIATION, INC.

Principal Place of Business
1309 BERKSHIRE COURT
VENICE FL 34292

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

City & State

26

1309 BERKSHIRE COURT

VENICE FL 34292

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90276 034 ****61.25

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Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

03/23/1994

65-0482963

4. FEI Number

Zip Country Zip Country Zip Country Zip Country Country 6. Election Campaign Financing \$5.00 May Be 2 30 30 10 10 20 20 30 10 20 20 20 20 20 20 20 20 20 20 20 20 20	23	·	28	1				5. Certificate of Status Desired		Fee Re	quired		
9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Name 62. Street Address (P.O. Box Number is Not Acceptable) 63. Street Address (P.O. Box Number is Not Acceptable) 64. City 65. City 66. City 67. Dursuant to the provisions of Sections 617.0502 and 617.1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and except the onlogation of, Section 617.0503. Pignids Statutes. 68. City 69. City 69	Zip		ry Zip Cour			try		' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		•	•		
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Signature, typed or printed rampe of registered Agent and ble if applicable. (KYOTE: Registered Agent stypather required when revisible(s)) DATE	office or re	egistered agent, or both, in the State of	f Flor	ida. Such change was	authorized	by t	-named corporation	oration submits this statement for the purpon's board of directors. I hereby accept the	ose of cha appointm	inging its ent as reg	registered istered		
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14. 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	CITY-ST-ZIP	partify that the information supplied with	thir.	filing does not qualify:				ection 119 07(3)(i) Florida Statutes I furth	ner certify	that the in	formation		

officer or director of the corporation or the receiver or trustee empowered this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: