

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766606

FILED
Apr 19, 2005
Secretary of State

Entity Name: BERRIEDALE ASSOCIATION, INC.

Current Principal Place of Business:

LOCKMABEN DRIVE AT FIDDLESTICKS COUNTRY CL
FT. MYERS BEACH, FL 33912

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 6017
FT. MYERS BEACH, FL 33932

New Mailing Address:

FEI Number: 65-0107606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIDDLETON, ROD
100 LOVERS LANE
FT. MYERS BEACH, FL 33931 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: ESTRIDGE, HANK
Address: 15581 SE LOCKMABEN AVE
City-St-Zip: FT. MYERS, FL

Title: D () Delete
Name: CAMPBELL, ROBERT
Address: 15561 LOCKMABEN AVE
City-St-Zip: FORT MYERS, FL 33912

Title: P () Delete
Name: WILKINSON, BETH
Address: 15573 LOCK MABEN AVE
City-St-Zip: FORT MYERS, FL 33912

Title: S () Delete
Name: ZIEGENFUSS, BOBBY
Address: 15577 LOCKMABEN AVE
City-St-Zip: FORT MYERS, FL 33912

Title: D () Delete
Name: WOODS, MICKIE
Address: 15601 LOCKMABEN AVE
City-St-Zip: FORT MYERS, FL 33919

Title: T () Delete
Name: GRADY, SUZANNE
Address: 15569 LOCKMABEN AVNUE SE
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CAMPBELL, ROBERT
Address: 15561 LOCKMABEN AVE SE
City-St-Zip: FORT MYERS, FL 33912

Title: P (X) Change () Addition
Name: WILKINSON, BETH
Address: 15573 LOCK MABEN AVE SE
City-St-Zip: FORT MYERS, FL 33912

Title: S (X) Change () Addition
Name: ZIEGENFUSS, BOBBY
Address: 15577 LOCKMABEN AVE SE
City-St-Zip: FORT MYERS, FL 33912

Title: D (X) Change () Addition
Name: WOODS, MICKIE
Address: 15601 LOCKMABEN AVE SE
City-St-Zip: FORT MYERS, FL 33912

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETH WILKENSON

P

04/19/2005

Electronic Signature of Signing Officer or Director

Date