

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766606

FILED
Apr 25, 2007
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:

15751 SAN CARLOS BLVD #8
FT. MYERS, FL 33908

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
15751 SAN CARLOS BLVD #8
FT. MYERS, FL 33908 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: D () Delete
Name: CAMPBELL, ROBERT
Address: 15561 LOCKMABEN AVE SE
City-St-Zip: FORT MYERS, FL 33912

Title: VP () Delete
Name: DAVIS, GUY
Address: 15593 LOCKMARBEN AVE SE
City-St-Zip: FT MYERS, FL 33912

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: DAVIS, GUY
Address: 15593 LOCKMARBEN AVE SE
City-St-Zip: FT MYERS, FL 33912

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

Title: VP (X) Change () Addition
Name: CAMPBELL, JOE
Address: 15593 LOCKMABEN AVE SE
City-St-Zip: FORT MYERS, FL 33912

Title: D (X) Change () Addition
Name: FULLER, CLYDE
Address: PO BOX 687
City-St-Zip: BOALSBURG, PA 16827

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GUY DAVIS

P

04/25/2007

Electronic Signature of Signing Officer or Director

Date