## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 766606** 

Entity Name: BERRIEDALE ASSOCIATION, INC.

FILED
Apr 29, 2024
Secretary of State
3581153719CC

## **Current Principal Place of Business:**

LOCKMABEN DRIVE AT FIDDLESTICKS COUNTRY CL

FT. MYERS BEACH. FL 33912

## **Current Mailing Address:**

MINETTE L LA CROIX, CPA, PA 12050 SUMMERGATE CIR C-102 FORT MYERS, FL 33913 US

FEI Number: 65-0107606 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

LA CROIX, MINETTE L MINETTE L LA CROIX, CPA, PA 12050 SUMMERGATE CIR C-102 FORT MYERS, FL 33913 US

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: MINETTE L. LA CROIX 04/29/2024

**Electronic Signature of Registered Agent** 

Date

Officer/Director Detail:

 Title
 PRESIDENT
 Title
 TREASURER

 Name
 ZIEGENFUSS, ROBERT
 Name
 MCCANN, BARRY

Address C/O 12050 SUMMERGATE CIR Address C/O 12050 SUMMERGATE CIR

C-102 C-102

City-State-Zip: FORT MYERS FL 33913 City-State-Zip: FT MYERS FL 33913

Title SECRETARY Title VP

Name CHRISTIAN, DON Name WALSH, DEBBY

Address C/O 12050 SUMMERGATE CIR Address C/O 12050 SUMMERGATE CIR

C-102 C-102

City-State-Zip: FORT MYERS FL 33913 City-State-Zip: FORT MYERS FL 33913

Title DIRECTOR
Name SPEAS, JACKIE

Address C/O 12050 SUMMERGATE CIR

C-102

City-State-Zip: FORT MYERS FL 33913

I hereby 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 all other like empowered.

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