

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766606

**Entity Name:** BERRIEDALE ASSOCIATION, INC.**Current Principal Place of Business:**LOCKMABEN DRIVE AT FIDDLESTICKS COUNTRY CL  
FT. MYERS BEACH, FL 33912**Current Mailing Address:**C/O SUITOR, MIDDLETON, COX & ASSOC. INC.  
15751 SAN CARLOS BLVD. #8  
FT. MYERS, FL 33908**FEI Number:** 65-0107606**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SUITOR, MIDDLETON, COX & ASSOC. INC.  
15751 SAN CARLOS BLVD #8  
FT. MYERS, FL 33908 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	T/VP
Name	CAMPBELL, ROBERT
Address	15561 LOCKMABEN AVE SE
City-State-Zip:	FORT MYERS FL 33912

Title	D
Name	ZIEGENFUSS, DR ROBERT D
Address	15577 LOCKMABEN AVE. SE
City-State-Zip:	FORT MYERS FL 33912

Title	DIRECTOR
Name	CARROLL, JOHN
Address	15601 LOCKMABEN AVE. SE
City-State-Zip:	FT. MYERS FL 33912

Title	P
Name	DAVIS, GUY
Address	15593 LOCKMABEN AVE SE
City-State-Zip:	FT MYERS FL 33912

Title	S
Name	CHRISTIAN, DONALD J
Address	109 ARCHER RD.
City-State-Zip:	SYRACUSE NY 13207

*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.*

**SIGNATURE:** GUY DAVIS**PRESIDENT****03/29/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date