

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Kamin
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **754999** (1)
1. Corporation Name
BERKELEY PLAZA HOMEOWNER'S ASSOCIATION, INC.

95 MAY - 1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
132 CHRISTINE DRIVE **132 CHRISTINE DRIVE**
SATELLITE BEACH FL 32937 **SATELLITE BEACH FL 32937**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/05/1980** 3a. Date of Last Report **03/18/1994**
4. FEI Number **59-2058093** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **26** **P.O. Box 372585**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**
City & State City & State
23 **28** **SATELLITE BEACH**
Zip Country Zip Country
24 **25** **32937-0585** **30** **USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
MARCIANNA, LOUIS
147 CHRISTINE DR.
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent
81 Name **CHARLES BRADLEY**
82 Street Address (P.O. Box Number is Not Acceptable) **171 CHRISTINE DRIVE**
83
84 City **SATELLITE BEACH** **FL** **85** Zip Code **32937**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Charles Bradley* (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUIS, MARIANNA	1.2 NAME	CHARLES BRADLEY
STREET ADDRESS	147 CHRISTINE CIRCLE	1.3 STREET ADDRESS	171 CHRISTINE DRIVE
CITY - ST - ZIP	SATELLITE BCH FL	1.4 CITY - ST - ZIP	SATELLITE BEACH, FL. 32937
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELLAY, JOHN	2.2 NAME	DONALD, PIRK
STREET ADDRESS	114 CHRISTINE CIR.	2.3 STREET ADDRESS	106 CHRISTINE CIRCLE
CITY - ST - ZIP	SATELLITE BCH FL	2.4 CITY - ST - ZIP	SATELLITE BEACH, FL 32937
TITLE	TD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN, ANNA MAE	3.2 NAME	DONALD, PIRK
STREET ADDRESS	125 CHRISTINE CIR	3.3 STREET ADDRESS	106 CHRISTINE CIRCLE
CITY - ST - ZIP	SATELLITE BEACH FL	3.4 CITY - ST - ZIP	SATELLITE BEACH, FL. 32937
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	KEITH SD
STREET ADDRESS		4.3 STREET ADDRESS	FLD RYTON
CITY - ST - ZIP		4.4 CITY - ST - ZIP	102 CHRISTINE DRIVE SATELLITE BEACH, FL.
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed or added in conjunction with an address.

SIGNATURE: *Donald Pirk* **1/13/95** **407 7738354**
DONALD PIRK (Date) (Telephone Number)
VICA PRESIDENT