

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business Mailing Address  
132 CHRISTINE DRIVE SATELLITE BEACH FL 32937  
P.O. BOX 372585 SATELLITE BEACH FL 32937 US

3. Date Incorporated or Qualified 11/05/1980  
3a. Date of Last Report 05/01/1995  
4. FEI Number 59-2058093  
Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
BRADLEY, CHARLES  
171 CHRISTINE DRIVE  
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent  
81 Name LOU MARCIANNA DON PIKE  
82 Street Address (P.O. Box Number is Not Acceptable) 147 CHRISTINE DRIVE 106 CHRISTINE CIRCLE, SATELLITE BEACH, FL. 32937  
83 City SATELLITE BEACH FL 85 Zip Code 32937

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.  
SIGNATURE *Donald H. Pike* DONALD H. PIKE DATE 4/25/96

12. OFFICERS AND DIRECTORS

TITLE PD	NAME BRADLEY, CHARLES	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 171 CHRISTINE DRIVE	CITY-ST-ZIP SATELLITE BCH FL	
TITLE VD	NAME PIKE, DONALD	<input type="checkbox"/> DELETE
STREET ADDRESS 106 CHRISTINE CIRCLE	CITY-ST-ZIP SATELLITE BCH FL	
TITLE TD	NAME PIKE, DANOLD	<input type="checkbox"/> DELETE
STREET ADDRESS 106 CHRISTINE CIRCLE	CITY-ST-ZIP SATELLITE BEACH FL	
TITLE SD	NAME EATON, FLO	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 172 CHRISTINE DRIVE	CITY-ST-ZIP SATELLITE BEACH FL	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME LOU MARCIANNA	
1.3 STREET ADDRESS 147 CHRISTINE DRIVE	
1.4 CITY-ST-ZIP SATELLITE BEACH, FL. 32937	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE D DICK MEIBUS VICE P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS 127 CHRISTINE CIRCLE	
4.4 CITY-ST-ZIP SATELLITE BEACH, FL 32937	
5.1 TITLE D BOARD MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME SHARYL BEANS ELLIS	
5.3 STREET ADDRESS 142 CHRISTINE DRIVE	
5.4 CITY-ST-ZIP SATELLITE BEACH, FL. 32937	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(k), 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 on an attachment with an address.

SIGNATURE: *Donald H. Pike* DATE 4/11/96 DAYTIME PHONE # 407 773 8354

CR2E037 (12/95)