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May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 132 CHRISTINE DRIVE, SATELLITE BEACH FL 32937
Mailing Address: P.O. BOX 372585, SATELLITE BEACH FL 32937-0585 US



3. Date Incorporated or Qualified: 11/05/1980
3a. Date of Last Report: 05/22/1996
4. FEI Number: 59-2056093
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 [X] No

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)
22. Suite, Apt #, etc.
23. City & State
24. Zip, Country

9. Name and Address of Current Registered Agent
PIKE, DON
106 CHRISTINE DRIVE
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent
01. Name
02. Street Address (P.O. Box Number is Not Acceptable)
03.
04. City FL 05. Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
1. PD MARCIANNA, LOU, 147 CHRISTINE DRIVE, SATELLITE BCH FL 32937
2. VPTD PIKE, DONALD, 106 CHRISTINE CIRCLE, SATELLITE BCH FL
3. VPD MEBUS, DICK, 127 CHRISTINE CIRCLE, SATELLITE BEACH FL 32937
4. D ELLIS, SHARON, 142 CHRISTINE DRIVE, SATELLITE BEACH FL 32937

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE D [X] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE TD [X] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE PD [X] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE VPD [] Change [X] Addition
4.2 NAME Jack Walters
4.3 STREET ADDRESS 110 Christine Circle
4.4 CITY - ST - ZIP Satellite Beh FL 32937
5.1 TITLE SD [] Change [X] Addition
5.2 NAME Donna Erickson
5.3 STREET ADDRESS 131 Christine Drive
5.4 CITY - ST - ZIP Satellite Beh FL 32937

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ RICHARD G MEBUS 4/26/97 407-773-0596

CR2E037 (9/96)