

FILE NOW: FILING FEE IS \$61.25

FILED

**May 13 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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3. Date Incorporated or Qualified
11/05/1980

4. FEI Number
59-2058093

Applied For	Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**PIKE, DON
108 CHRISTINE DRIVE
SATELLITE BEACH FL 32937**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCIANNA, LOU	1.2 NAME	STALLET, RICHARD
STREET ADDRESS	147 CHRISTINE DRIVE	1.3 STREET ADDRESS	192 CHRISTINE DRIVE
CITY-ST-ZIP	SATELLITE BCH FL	1.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIKE, DONALD	2.2 NAME	LIN VILLE, LIZ
STREET ADDRESS	108 CHRISTINE CIRCLE	2.3 STREET ADDRESS	70 CHRISTINE COURT
CITY-ST-ZIP	SATELLITE BCH FL	2.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEBUS, DICK	3.2 NAME	LIN VILLE, LIZ
STREET ADDRESS	127 CHRISTINE CIRCLE	3.3 STREET ADDRESS	70 CHRISTINE COURT
CITY-ST-ZIP	SATELLITE BEACH FL	3.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	VPO <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTERS, JACK	4.2 NAME	PRATT, BARBARA
STREET ADDRESS	110 CHRISTINE CIR.	4.3 STREET ADDRESS	108 CHRISTINE DRIVE
CITY-ST-ZIP	SATELLITE BEACH FL	4.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERICKSON, DONNA	5.2 NAME	
STREET ADDRESS	131 CHRISTINE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STALLET, RICHARD
1.3 STREET ADDRESS	192 CHRISTINE DRIVE
1.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LIN VILLE, LIZ
2.3 STREET ADDRESS	70 CHRISTINE COURT
2.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LIN VILLE, LIZ
3.3 STREET ADDRESS	70 CHRISTINE COURT
3.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PRATT, BARBARA
4.3 STREET ADDRESS	108 CHRISTINE DRIVE
4.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: *[Signature]* 4/20/98 407 773 8354

CPRE037 (10/97)