


FILE NOW: FILING FEE IS \$61.25

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Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90097 017 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 754999

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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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/05/1980
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2058093
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29
24	25	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PIKE, DON 106 CHRISTINE DRIVE SATELLITE BEACH FL 32937		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL
		85 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 *Donald H. Pike* DATE 2/8/99

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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STALEY, RICHARD	1.2 NAME	LINVILLE, ELIZABET
STREET ADDRESS	192 CHRISTINE DRIVE	1.3 STREET ADDRESS	70 CHRISTINE COURT
CITY-ST-ZIP	SATELLITE BCH FL 32937	1.4 CITY-ST-ZIP	SATELLITE BEACH, FL. 32937
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIKE, DONALD	2.2 NAME	PIKE, DONALD
STREET ADDRESS	106 CHRISTINE CIRCLE	2.3 STREET ADDRESS	106 CHRISTINE CIRCLE
CITY-ST-ZIP	SATELLITE BCH FL	2.4 CITY-ST-ZIP	SATELLITE BEACH, FL. 32937
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINVILLE, LIZ	3.2 NAME	
STREET ADDRESS	70 CHRISTINE COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	3.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRATT, BARBARA	4.2 NAME	
STREET ADDRESS	188 CHRISTINE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	4.4 CITY-ST-ZIP	
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	

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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/98)