

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754999

1. Entity Name

BERKELEY PLAZA HOMEOWNER'S ASSOCIATION, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90131 001 ****61.25
 03-21-2000 90131 002 ***200.00

Principal Place of Business
 132 CHRISTINE DRIVE
 SATELLITE BEACH FL 32937

Mailing Address
 P.O. BOX 372585
 SATELLITE BEACH FL 32937-0585
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2058093

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIKE, DON
 106 CHRISTINE DRIVE
 SATELLITE BEACH FL 32937

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Delete
NAME	LINVILLE, ELIZABETH	
STREET ADDRESS	70 CHRISTIAN CRT	
CITY-ST-ZIP	SATELLITE BCH FL 32937	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PIKE, DONALD	
STREET ADDRESS	106 CHRISTINE CIRCLE	
CITY-ST-ZIP	SATELLITE BCH FL 32937	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LINVILLE, LIZ	
STREET ADDRESS	70 CHRISTINE COURT	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	PRATT, BARBARA	
STREET ADDRESS	188 CHRISTINE DRIVE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ERICKSON, DONNA	
STREET ADDRESS	131 CHRISTINE DRIVE	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCIANHA, LIBERTA	
STREET ADDRESS	147 CHRISTINE DRIVE	
CITY-ST-ZIP	SATELLITE BEACH, FL. 32937	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Donna Erickson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/2000 407 773 8354
 Date Daytime Phone #