


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90075 035 ****61.25

DOCUMENT # 754999					
1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01282005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-2058093	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 CLARE E. WALKER		
			Street Address (P.O. Box Number is Not Acceptable) 105 CHRISTINE CIRCLE		
			SB		
			City SATELLITE BEACH FL		Zip Code 32937
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Clare E Walker</u>		DATE <u>4-5-05</u>		NOTE: Registered Agent signature required when resigning.	
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARCIANNO, LOUIS 147 CHRISTINE DRIVE SATELLITE BCH, FL 32937 <input type="checkbox"/> De'te	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D MARCIANNO, LOUIS 147 CHRISTINE DRIVE SATELLITE BEACH FL 32937 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PIKE, DONALD 106 CHRISTINE CIRCLE SATELLITE BCH, FL 32937 <input checked="" type="checkbox"/> De'te	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DONNA ERIKSON S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 131 CHRISTINE DRIVE SATELLITE BEACH, FL 32937		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARISSE, ANGIE 122 CHRISTINE CIRCLE SATELLITE BEACH, FL 32937 <input checked="" type="checkbox"/> De'te	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D CLARE WALKER 105 CHRISTINE CIRCLE SATELLITE BEACH, FL 32937 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACKIE, RYAN 129 CHRISTINE CIRCLE SATELLITE BEACH, FL 32937 <input type="checkbox"/> De'te	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D JACKIE RYAN 129 CHRISTINE CIRCLE SATELLITE BEACH, FL 32937 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> De'te	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTER MEEK 101 CHRISTINE CIRCLE SATELLITE BEACH, FL 32937 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> De'te	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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: <u>Clare E Walker</u>		DATE: <u>4-5-05</u>		321-777-1625	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		DATE OF FILING	