


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

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
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01062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2058093	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GILLESPIE, JACQUELINE
 102 CHRISTINE CIR
 SATELLITE BEACH, FL 32937

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

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VOTUR, PAUL 102 CHRISTINE CIR SATELLITE BCH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHITE, PAUL 133 CHRISTINE CIR SATELLITE BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, LYNN 115 CHRISTINE CIR SATELLITE BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GILLESPIE, JACQUELINE 60 CHRISTINE CT. SATELLITE BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/11/07-80045-007 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 in an attachment with an address, with all other like empowered.

SIGNATURE: Jacqueline Gillespie Treasurer 1/9/07 321775659

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #