


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90034 019 ****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 - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-2058093			Applied For <input type="checkbox"/> 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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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><i>Jacqueline H. Gillespie</i></u> <u><i>Jacqueline H. Gillespie</i></u> <u>4/16/08</u> <small>Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	P VOTUR, PAUL 102 CHRISTINE CIR SATELLITE BCH, FL 32937	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHITE, PAUL 133 CHRISTINE CIR SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Pres Liberta Marcianna 147 Christine Dr Satellite Beach, FL 32937	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, LYNN 115 CHRISTINE CIR SATELLITE BEACH, FL 32937	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GILLESPIE, JACQUELINE 60 CHRISTINE CT. SATELLITE BEACH, FL 32937	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	at Large Virginia Cemelli 120 Christine Circle Satellite Beach, FL 32937	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	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 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 on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Jacqueline H. Gillespie</i></u> <u><i>Jacqueline H. Gillespie</i></u> <u>4/16/08</u> <u>321-</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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02102008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2058093

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 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 *Jacqueline H. Gillespie* *Jacqueline H. Gillespie* 4/16/08
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating.)

9. Election Campaign Financing
 Trust Fund Contribution. ☐
\$5.00 May Be Added to Fees
Make check payable to Florida Department of State

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHITE, PAUL 133 CHRISTINE CIR SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Pres Liberta Marcianna 147 Christine Dr Satellite Beach, FL 32937 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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 SIGNATURE: *Jacqueline H. Gillespie* *Jacqueline H. Gillespie* 4/16/08 321-777-8659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR