

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754999

FILED  
Jan 20, 2009  
Secretary of State

**Entity Name:** BERKELEY PLAZA HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

132 CHRISTINE DRIVE  
SATELLITE BEACH, FL 32937

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 372585  
SATELLITE BEACH, FL 32937 US

**New Mailing Address:**

**FEI Number:** 59-2058093

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GILLESPIE, JACQUELINE  
102 CHRISTINE CIR  
SATELLITE BEACH, FL 32937 US

**Name and Address of New Registered Agent:**

GILLESPIE, JACQUELINE H  
60 CHRISTINE COURT  
SATELLITE BEACH, FL 32937 US

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: JACQUELINE GILLESPIE

01/20/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: VOTUR, PAUL  
Address: 102 CHRISTINE CIR  
City-St-Zip: SATELLITE BCH, FL 32937

Title: V ( ) Delete  
Name: MARCIANNA, LIBERTA  
Address: 47 CHRISTINE DR  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: S ( ) Delete  
Name: JOHNSON, LYNN  
Address: 115 CHRISTINE CIR  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: T ( ) Delete  
Name: GILLESPIE, JACQUELINE  
Address: 60 CHRISTINE CT.  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: AL ( ) Delete  
Name: CEMELL, VIRGINIA  
Address: 120 CHRISTINE CIRCLE  
City-St-Zip: SATELLITE BEACH, FL 32937

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: VOTOUR, PAUL  
Address: 102 CHRISTINE CIR  
City-St-Zip: SATELLITE BCH, FL 32937

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELINE GILLESPIE

TREA

01/20/2009

Electronic Signature of Signing Officer or Director

Date