FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:08

DOCUMENT # 756898 (3)

1. Corporation Name

BERKELEY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1301 SEMINOLE BLVD. SUITE 172 LARGO FL 34640 US	1301 SEMINOLE BLVD. SUITE 172 LARGO FL 34640 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/24/1981
3a. Date of Last Report: 03/25/1994
4. FEI Number: 59-3040591 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SHAW, DARREN K. - STERLING MANAGEMENT
1301 SEMINOLE BLVD.
SUITE 172
LARGO FL 34640

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	~~PD~~	1.1 TITLE	V.T.D. ☐ Change ☒ Addition
NAME	~~MOORE, VERNON~~	1.2 NAME	JANE LEACH
STREET ADDRESS	~~110 TARGA~~	1.3 STREET ADDRESS	102 TARGA CT.
CITY-ST-ZIP	~~TAMPA FL~~	1.4 CITY-ST-ZIP	TAMPA, FL 33615
TITLE	VTD	2.1 TITLE	P.D. ☒ Change ☐ Addition
NAME	MCCONNELL, BOB	2.2 NAME	
STREET ADDRESS	102 BISCAYNE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	S.D. ☐ Change ☒ Addition
NAME	HINANT, LAURA	3.2 NAME	DENISE DALY
STREET ADDRESS	118 TARGA	3.3 STREET ADDRESS	106 TARGA CT.
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	TAMPA 33615
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 2/1/95 (813) 222-0577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010000