FILE NOW: FILING FEE IS $61.25

FILED
Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 33770-8113 US

3. Date Incorporated or Qualified: 03/24/1981
3a. Date of Last Report: 04/18/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-3040591 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

EMERSON, EDWARD K.
2112 US HWY. 41 SW.
RUSKIN FL 33570

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: E. Edward Emerson — DATE: 1/3/97
(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	VTD	☐ DELETE	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	LEACH, JANE		1.2 NAME	Patrick Herman	
STREET ADDRESS	102 TARGA CT		1.3 STREET ADDRESS	104 Targa Ct.	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Tampa, Fla	
TITLE	PD	☐ DELETE	2.1 TITLE	VTD	☐ Change ☐ Addition
NAME	MCCONNELL, BOB		2.2 NAME	Gary Garrett	
STREET ADDRESS	102 BISCAYNE		2.3 STREET ADDRESS	100 A Biscayne	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	Tampa, Fla	
TITLE	SD	☐ DELETE	3.1 TITLE	SD	☐ Change ☐ Addition
NAME	HINANT, LAURA		3.2 NAME	Denise Daily	
STREET ADDRESS	118 TARGA		3.3 STREET ADDRESS	106 Targa Ct.	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	Tampa, Fla	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DAILY, DENISE		4.2 NAME		
STREET ADDRESS	106 TARGA CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HERMAN, PATRICK		5.2 NAME		
STREET ADDRESS	106 TARGA CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GARRETT, GARY		6.2 NAME		
STREET ADDRESS	100-A BISCAYNE		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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: [illegible] SIGNATURE REQUIRED — JAN 11, 1997 — 254-421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0049651