NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # 756898

BERKEL	er homeowners associ	ATION, INC.							J
Principal Plac	e of Business	Malling Address				- 100mc (111) (. Afani alaw Play Atali 218	ot Billi 1886	
1301 SEMINOLE BLVD. SUITE 172 LARGO FL 34640 US 1301 SEMINOLE BLVD. SUITE 172 LARGO FL 34640 US									ı
⊢ − '	Place of Business	2a. Mailing Address			3. Date inco	orporated or Qualifed			
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			4. FEI Numi	ber	<u> </u>	plied For	
22		27			59-304	0591	No. \$8.75 A	Applicable	
City & Sta	te	City.&.State			5 Certificate	of Status Desired	Fee Re		
23) Zip	Country	28	Countr	y-=	6. Election	Campaign Financing	\$5.00	May Be	
24	25	29	30		Trust Fur	nd Contribution	Added t	o Fees	
	9. Name and Address of Curren	t Registered Agent	- la	Name <		nd Address of New Regi	Istered Agent		•
			L			IALARIS			
KNIGHT,			B2	Street Addre	ess (P.O. Box N 301 Seس	lumber is Not Acceptable	?172		
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HOOMIN	£ 000/0		84	City	20 F	<u>C </u>	85 Zip C	Code	l
	7 000	O - JOST SEOD FILLS State	las the shor	to named com	ocation authorite	this statement for the our	FL pose of changing its	registered	
11. Pursuant	t to the provisions of Sections 617.050; registered agent, or both in the State am familiar with, and accept the obligat	2 and 617.1506, Florida Statu of Florida, Such change was a tions of Section 617.0503. Flo	uthorized by orida Statute	the corporations.	n's board of din	ectors. I hereby accept th	e appointment as rec	gistered	
SIGNATURE		The same	عار)	hand.		3 ∙38)- <u>7</u> 9		} _
JOSEPHONE	Signature, typed or printed name of registered spen	t and title if applicable. (NOTI	: Registered Ag	nt signature required	i when reinstaling)		DATE	50 01 40	92
	000000000000				ADDITION	IS/CHANGES TO OFFICE	ERS AND DIRECTO	KŞIN 1Z	×
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14. Thereby 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 (with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

3.30,95

727 SS9 0400

FILED

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90150 013 ****61.25