

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90520 008 ****61.25

DOCUMENT # 756898

1. Entity Name

BERKELEY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**STERLING MGMT
2880 SCHERER DR STE 840
SAINT PETERSBURG FL 33716
US**

Mailing Address

**STERLING MGMT
2880 SCHERER DR STE 840
SAINT PETERSBURG FL 33716
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3040591

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CIANFRONE PA, JOE
1968 BAYSHORE BLVD
DUNEDIN FL 34698**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **SD** ☐ Delete
NAME **WARD, TARA**
STREET ADDRESS **104-A BISCAYNE AVE**
CITY - ST - ZIP **TAMPA FL 33606**

TITLE **PD** ☒ Delete
NAME **HURLEY, PAULA**
STREET ADDRESS **114 W TARGA**
CITY - ST - ZIP **TAMPA FL 33606**

TITLE **TD** ☒ Delete
NAME **PETRICK, LINDA**
STREET ADDRESS **106-B BISCAYNE AVE**
CITY - ST - ZIP **TAMPA FL 33606**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☒ Change ☐ Addition
NAME **Stae Noriega**
STREET ADDRESS **104 Targa Ct.**
CITY - ST - ZIP **Tampa, FL 33606**

TITLE ☒ Change ☐ Addition
NAME **Fred Dasey**
STREET ADDRESS **108-A Biscayne Ave.**
CITY - ST - ZIP **Tampa, FL 33606**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I 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 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:

Stae Noriega

Stae Noriega 3-4-04

813-223-0660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #