## 1000 2006-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## May 01, 2006 8:00 am Secretary of State **DOCUMENT # 756898** 1. Entity Name 05-01-2006 90300 003 \*\*\*\*61 25 BERKELEY HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address STERLING MGMT 2880 SCHERER DR STE 840 SAINT PETERSBURG FL 33716 STERLING MGMT 2880 SCNERER DR STE 840 SAINT PETERSBURG FL 33716 2. Principal Place of Business 3. Mailing Address 2870 scherer 2870 scherer Suite, Apt. #, etc Suite, Apt. #, etc. CR2E037 (10/05) 1st MOORE 100 100 Applied For 4. FEI Number 59-3040591 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CIANFRONE PA, JOE Street Address (P.O. Box Number is Not Acceptable) 1968 BAYSHORE BLVD **DUNEDIN FL 34698** 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10 PO Jim Burtoszak Change TITLE TILLE Delete MCCONNRLL, ROBERT NAME NAME 104 A BiscayNe Ave 102 A BISCAYNE AVE STREET ADDRESS STREET ADDRESS Tampa, F1 33605 TAMPA FL 33606 CITY-ST-ZIP CITY-ST-ZIP Mike Hinnant PD TETLE Delete TITLE NORIEGA, STEVE 118 W. Targa Ct NAME NAME STREET ADDRESS 104 TARGA CT. STREET ADDRESS Tampa, F1 33605 **TAMPA FL 33606** CITY-S1-ZIP CITY-S1-ZIP Linda Petrick Addition ☐ Change MINE Delete TITLE NAME NAME DORSEY, FRED 100 BiBiscayNe ave. 108A BISCAYNE AVE. STREET ADDRESS STREET ADDRESS Tanga, F1 3605 CITY-ST-7(P **TAMPA FL 33606** CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIP Change ☐ Addition TOTAL ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP · 🔲 Change ☐ Delete ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

FILED

**SIGNATURE:**