
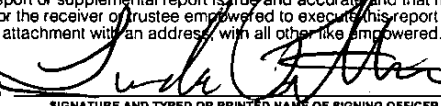


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90024 026 \*\*\*\*61.25

<b>DOCUMENT # 756898</b>					
1. Entity Name <b>BERKELEY HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>2870 SCHERER DR. N SUITE 100 SAINT PETERSBURG, FL 33716 US</b>			Mailing Address <b>2870 SCHERER DR. N SUITE 100 SAINT PETERSBURG, FL 33716 US</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3040591</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CIANFRONE PA, JOE 1968 BAYSHORE BLVD DUNEDIN, FL 34698</b>				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINNANT, MIKE		NAME		
STREET ADDRESS	118 W. TARGA CT		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33605		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRICK, LINDA		NAME		
STREET ADDRESS	106 BISCAYNE AVE.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33005		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANALS, RAUL		NAME	William Corley	
STREET ADDRESS	116 W. TARGA COURT		STREET ADDRESS	114 W. TARGA CT.	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	TAMPA, FL 33606	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			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 Chapter 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.					
<b>SIGNATURE:</b> 			<b>LINDA PETRICK</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <b>4/15/08</b> Daytime Phone #: <b>727-299-9535</b>		