

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90331 013 ****61.25

DOCUMENT # N02000003569					
1. Entity Name BERKELEY FOREST HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3298 SUMMIT BLVD, STE. 4 PENSACOLA, FL 32503			Mailing Address POB 1831 NICEVILLE, FL 32578		
2. Principal Place of Business - No P.O. Box # 1719 N 9th Ave		3. Mailing Address 1719 N 9th Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Pensacola FL		City & State Pensacola FL		4. FEI Number 55-0802650	
Zip 32503		Country US		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04232008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent TONTI, KAREN 4906 BECKETT CT GULF BREEZE, FL 32563			7. Name and Address of New Registered Agent Name: Realty Masters of FL Street Address (P.O. Box Number is Not Acceptable): 1719 N 9th Ave City: Pensacola FL Zip Code: 32503		
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: <u>Pamela A Keen</u> <u>Pamela A Keen</u> <u>4/23/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FLAGLER, SHELLEY 4888 BECKETT CT GULF BREEZE, FL 32563		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SHELLEY FLAGLER 4888 BECKETT CT GULF BREEZE, FL 32563	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Delete TONTI, KAREN 4906 BECKETT COURT GULF BREEZE, FL 32563		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HIRAN INGRAM 4894 BERKELEY FOREST BLVD GULF BREEZE, FL 32563	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROBERT BOWDEN 1430 CONNEMARA CIRCLE GULF BREEZE, FL 32563	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SIM BUSBY 1300 CONNEMARA CIRCLE GULF BREEZE, FL 32563	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u>Hiran T. Ingram</u>			Date: <u>4-23-2008</u> Daytime Phone #: <u>850-982-5598</u>		