


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90081 018 ****61.25

DOCUMENT # N04148					
1. Entity Name BERKELEY SQUARE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 306 BUNGALOW PARK AVE S UNIT A TAMPA, FL 33609			Mailing Address 306 BUNGALOW PARK AVE S UNIT A TAMPA, FL 33609		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01252007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2545143	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
APICELLA, CLAIRE D 306 BUNGALOW PARK AVE S UNIT A TAMPA, FL 33609			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>					
Filing Fee is \$61.25 Due by May 1, 2007		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	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APICELLA, CLAIRE D		NAME		
STREET ADDRESS	306 BUNGALOW PARK AVE S, UNIT A		STREET ADDRESS		
CITY - ST - ZIP	TAMPA, FL 33609		CITY - ST - ZIP		
TITLE	VT	<input checked="" type="checkbox"/> Delete	TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOULD, LISA		NAME	BOGAARS, LISA	
STREET ADDRESS	306 BUNGALOW PARK AVE S, UNIT C		STREET ADDRESS	306 BUNGALOW PARK AVE, UNIT C	
CITY - ST - ZIP	TAMPA, FL 33609		CITY - ST - ZIP	TAMPA, FL 33609	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRANE, MARY ANN		NAME		
STREET ADDRESS	308 BUNGALOW PARK AVE S, UNIT D		STREET ADDRESS		
CITY - ST - ZIP	TAMPA, FL 33609		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		
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.					
SIGNATURE: <i>Lisa Bogaars</i>			Date: <i>1-25-07</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		