FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:22

DOCUMENT # N11525 (5)

1. Corporation Name
BERKELEY SQUARE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~% MAUREEN D'AGNESE~~ 5200 NE 14TH WAY #403 FT. LAUDERDALE FL 33334	~~% MAUREEN D'AGNESE~~ 5200 NE 14TH WAY #403 FT. LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/10/1985
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-2612540 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	21 5201 NE 14TH TERRACE	2a. Mailing Address	26 5201 NE 14TH TERRACE
Suite, Apt. #, etc.	22 #209	Suite, Apt. #, etc.	27 #209
City & State	23 FT. LAUDERDALE FL.	City & State	28 FT. LAUDERDALE FL.
Zip / Country	24 33334 / 25	Zip / Country	29 33334 / 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

ANDREWS, STAN
5201 NE 14TH TERRACE #2
FT. LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	ANDREWS, STAN	1.2 NAME		
STREET ADDRESS	5201 NE 14TH TERR.#2	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	VAN VLIET, THERESA	2.2 NAME	SUSAN HAMPTON	
STREET ADDRESS	5201 NE 14TH TERR #201	2.3 STREET ADDRESS	5200 NE 14TH WAY #307	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33334	
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	D'AGNESE, MAUREEN	3.2 NAME		
STREET ADDRESS	5200 NE 14TH WAY #403	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE	SD	☑ Change ☐ Addition
NAME	KELSON, JOYCE	4.2 NAME	LENOR LANZANA	
STREET ADDRESS	5200 NE 14TH WAY #303	4.3 STREET ADDRESS	5201 NE 14TH TERRACE #208	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33334	
TITLE	VD	5.1 TITLE		☐ Change ☐ Addition
NAME	LUCHESI, RICHARD	5.2 NAME		
STREET ADDRESS	5200 NE 14TH WAY #406	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: (STAN ANDREWS) 2/4/95 305 558 7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047497