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NONPROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 11 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11525

1. Corporation Name

(5)

## BERKELEY SQUARE ASSOCIATION, INC.

OCT ITE								447				
Principal Place	e of Busines	SS	Malling Add	ress				6 18 NELLIN 1 100		6111 B(A15 B3A11 A1611 A		MINITER I
5201 NE 14TH TERRACE #209 FT. LAUDERDALE FL 33334 US			5201 NE 14TH TERRACE #209 FT. LAUDERDALE FL 33334-4968									
			US				3. Date Incorporated or Qualified 10/10/1985 3a. Date of Last Report 04/04/1996				ort	
Principal Place of Business 21			2a. Mailing Address 26					4. FEI Number			Applicable	
Suite, Apt. #, etc			Suite, Apt. #, etc. 27					5. Certificate of S	Certificate of Status Desired Section			uired
City & State			City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country		Zip			ountry		This corporation has liability for intangible tax under s. 199.032,				
24		25	29		30			Florida Statute	s L	Yes No		
	9. Name	and Address of Curre	nt Registered Age	ent		<del> </del>		10. Name and Ad	dress of New Re	gistered Agent		
					81	Name						
ANDREWS, STAN 5201 NE 14TH TERRACE #2			6			Street	Addres	ess (P.O. Box Number is Not Acceptable)				
	DERDALE									· · ·		
					84	City				85	Zip Co	ode
			00 - 1017 1500 5	The state of the state of the		1		and an analysis this		FL  °	la a lita a	intornal
11. Pursuant to office or re	to the provi egistered a	sions of Sections 617.050 gent, or both, in the State	02 and 617.1508, F e of Florida. Such c	-lorida Statutes change was au	s, the abov Jihorized b	re-named y the corp	corpor poration	ration submits this : n's board of directo	statement for the pors. I hereby accep	ourpose of chang of the appointmen	ing its r	registered gistered
agent. La	m familiar w	with, and accept the oblig	ations of, Section	617.0503, Flor	ida Statute	\$.						
SIGNATURE .	Ctoophan has	d as printed name of secretarial as	ioni and tita if applicable	(NOTE:	Panietored &n	ant elangs is	n required	when reinstalian)		DATE		
,	Signature, type	d or printed name of registered ag		(NOTE:		ent signature	e required	when reinstating) ADDITIONS/CH	IANGES TO OFFIC	DATE	TORS	IN 12
SIGNATURE	Signature, lype		ND DIRECTORS	(NOTE:	Registered Ag 13. 1.1 TITLE	ent signature			HANGES TO OFFIC			IN 12
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14. I do hereby certify that the information supplied with this filing 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 chapted, or on an attachment with an address.