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**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90141 031 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N11525

1. Corporation Name

BERKELEY SQUARE ASSOCIATION, INC.

481818 - 90141 - 31

Principal Place of Business

5201 NE 14TH TERRACE #209 FT. LAUDERDALE FL 33334 US

Mailing Address

5201 NE 14TH TERRACE #209 FT. LAUDERDALE FL 33334 US



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

10/10/1985

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2612540

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

REID, STEVE  
 5200 NE 14TH WAY #304 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Reuben Hernandez*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, REUBEN	
STREET ADDRESS	5201 NE 14TH TERR #5	
CITY-ST-ZIP	FT LAUDERDALE FL 33334	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	REID, STEVE	
STREET ADDRESS	5200 NE 14TH WAY, #304	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	D'AGNESE, MAUREEN	
STREET ADDRESS	5200 NE 14TH WAY #403	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LANZANA, LINDA	
STREET ADDRESS	5201 NE 14TH TERRACE #208	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LUCESI, RICHARD	
STREET ADDRESS	5200 NE 14TH WAY #406	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PD LANZANA, LINDA
2.3 STREET ADDRESS	5201 NE 14TH TERRACE #208
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33334
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:

*Reuben Hernandez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 954-355-5401  
 Date Daytime Phone #

CR2E037 (1/98)