

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90066 031 ****61.25

DOCUMENT # N11525

1. Entity Name
BERKELEY SQUARE ASSOCIATION, INC.

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
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2. Principal Place of Business 6635 W. Commercial Blvd. Suite, Apt. #, etc. Suite 110	3. Mailing Address 6635 W. Commercial Blvd. Suite, Apt. #, etc. Suite 110
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City & State Tamarac, FL	City & State Tamarac, FL
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Zip 33319	Country Broward	Zip 33319	Country Broward
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4. FEI Number 59-2612540	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
LANZANA, LINDA
5201 NE, 14TH TERRACE
#208
FT. LAUDERDALE FL 33334

7. Name and Address of New Registered Agent
 Name
Colonial Property Management Inc.
 Street Address (P.O. Box Number is Not Acceptable)
6635 W. Commercial Blvd.
Suite 110
 City
Tamarac, **FL** Zip Code
33319

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.

SIGNATURE **Phil Hylander** DATE **4.2.02**
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERNANDEZ, REUBEN 5201 NE 14TH TERR #5 FT LAUDERDALE FL 33334	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOENING, JENNIFER 5201 NE 14 TERRACE #1 FORT LAUDERDALE FL 33334	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD D'AGNESE, MAUREEN 5200 NE 14TH WAY #403 FT. LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANZANA, LINDA 5201 NE 14TH TERRACE #208 FT. LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LUCHESI, RICHARD 5200 NE 14TH WAY #406 FT LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZINN, KERRY 5201 NE 14 TERR #6 FORT LAUDERDALE FL 33334	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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: **PHIL HYLANDER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)