


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90023 011 ****61.25

DOCUMENT # N11525 1. Entity Name BERKELEY SQUARE ASSOCIATION, INC.	
---	---

Principal Place of Business 6635 W COMMERCIAL BLVD STE 110 TAMARAC, FL 33319 US	Mailing Address 6635 W COMMERCIAL BLVD STE 110 TAMARAC, FL 33319 US
--	--

2. Principal Place of Business 8360 W Oakland Park Blvd Suite, Apt. #, etc. 301	3. Mailing Address PO Box 452199 Suite, Apt. #, etc.
--	--

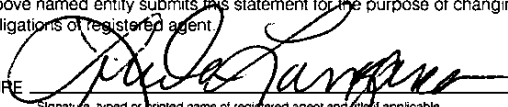
City & State Sunrise, FL	City & State Sunrise, FL
Zip 33351	Country Broward
Zip 33345-2199	Country Broward

03282006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2612540	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

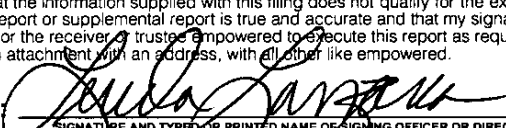
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent COLONIAL PROPERTY MANAGEMENT INC 6635 W COMMERCIAL BLVD STE 110 FORT LAUDERDALE, FL 33319	7. Name and Address of New Registered Agent Name Linda Lanzana Street Address (P.O. Box Number is Not Acceptable) 5201 NE 14 Terr #208 City Fort Lauderdale FL Zip Code 33334
---	--

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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE 4/5/06
---	----------------

Filing Fee is \$61.25 Due by May 1, 2006	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 NAME STREET ADDRESS CITY-ST-ZIP	VD WELDON, ALEXANDER 5200 NE. 14TH WAY. #308 FT LAUDERDALE, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Elizabeth Rogers 5201 NE 14 Terr #205 Fort Lauderdale, FL 33334 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	D Martin Weinstein 5201 NE 14 Terr #203 Fort Lauderdale, FL 33334 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WASHINGTON, RODNEY 5201 NE. 14TH TERR. #203 FORT LAUDERDALE, FL 33334 <input checked="" type="checkbox"/> Delete	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"/> Delete	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 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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 4/6/06	Daytime Phone # 355-5402
---	----------------	-----------------------------