


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90850 027 \*\*\*\*61.25

<b>DOCUMENT # N11525</b>					
1. Entity Name <b>BERKELEY SQUARE ASSOCIATION, INC.</b>					
Principal Place of Business 8360 W OAKLAND PRK BLVD 301 FORT LAUDERDALE, FL 33351 US			Mailing Address POB 452199 FORT LAUDERDALE, FL 33345-2199 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2612540</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired. <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>LANZAN, LINDA</b> 5201 NE 14 TERR 208 FORT LAUDERDALE, FL 33334			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		<b>FL</b>
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WELDON, ALEXANDER		NAME		
STREET ADDRESS	5200 NE. 14TH WAY. #308		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33334		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOENING, JENNIFER		NAME		
STREET ADDRESS	5201 NE 14 TERRACE #1		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	D'AGNESE, MAUREEN		NAME		
STREET ADDRESS	5200 NE 14TH WAY #403		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANZANA, LINDA		NAME		
STREET ADDRESS	5201 NE 14TH TERRACE #208		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEINSTEIN, MARTIN		NAME		
STREET ADDRESS	5201 NE. 14TH TERR. #203		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELIZABETH, ROGERS		NAME		
STREET ADDRESS	5201 NE 14TH TERR 205		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334		CITY-ST-ZIP		
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: <i>Linda Lanzana</i>			Date: <i>3/13/07</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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