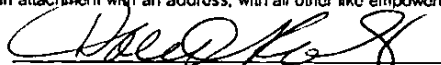


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2007 8:00 am
Secretary of State

02-13-2007 90012 001 ****61.25

DOCUMENT # N27778 1. Entity Name BERKELEY MANOR OWNERS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 6376 SPRINGHILL FL 34606 US			Mailing Address P.O. BOX 6376 SPRING HILL FL 34611 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2929032	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required.	
6. Name and Address of Current Registered Agent CARIGNAN, RICHARD 4389 CRAIGDARRAH AVE SPRINGHILL FL 34606				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 resigning)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	PD CARIGNAN, RICHARD 4389 CARRIGDARRAGH AVE SPRING HILL FL 34606	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T RALSTON, DALE 4370 CRAIGDAPRACH AVE SPRING HILL FL 34606	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S MULLER, ELIZABETH 4363 CRAIGDARRAGH AVE SPRING HILL FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MANTELL, WALTER 4368 LAS PALMAS AVENUE SPRING HILL FL 34606	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ROSSER, WALTER 4301 HOFFMAN AVE SPRING HILL FL 34606	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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					
3/4/07 J. Rosser					
Date Daytime Phone #					