

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27778

FILED  
Jul 28, 2008  
Secretary of State

**Entity Name:** BERKELEY MANOR OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 6376  
SPRINGHILL, FL 34606 US

**New Principal Place of Business:**

4389 CRAIGDARRAGH AVENUE  
SPRINGHILL, FL 34606 US

**Current Mailing Address:**

P.O. BOX 6376  
SPRING HILL, FL 34611 US

**New Mailing Address:**

P.O. BOX 6376  
SPRINGHILL, FL 34611 US

**FEI Number:** 59-2929032 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CARIGNAN, RICHARD  
4389 CRAIGDARRAH AVE  
SPRINGHILL, FL 34606 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CARIGNAN, RICHARD  
Address: 4389 CARRIGDARRAGH AVE  
City-St-Zip: SPRING HILL, FL 34606

Title: T ( ) Delete  
Name: RALSTON, DALE  
Address: 4370 CRAIGDAPRACH AVE  
City-St-Zip: SPRING HILL, FL 34606

Title: S ( ) Delete  
Name: MULLER, ELIZABETH  
Address: 4363 CRAIGDARRAGH AVE  
City-St-Zip: SPRING HILL, FL

Title: D ( ) Delete  
Name: MANTELL, WALTER  
Address: 4368 LAS PALMAS AVENUE  
City-St-Zip: SPRING HILL, FL 34606

Title: D ( ) Delete  
Name: ROSSER, WALTER  
Address: 4301 HOFFMAN AVE  
City-St-Zip: SPRING HILL, FL 34606

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE RALSTON

T

07/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date