

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32469

1. Entity Name

BERKELEY PLAZA TOWNHOUSE ASSOCIATION, INC.

Principal Place of Business

51 BERKELEY ST  
SATELLITE BEACH FL 32937

Mailing Address

51 BERKELEY ST  
SATELLITE BEACH FL 32937-2221

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2058093

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LUCA, TED  
51 BERKELEY ST  
SATELLITE BEACH FL 32937

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

|                |                    |  |
|----------------|--------------------|--|
| TITLE          | DP                 | <input type="checkbox"/> Delete            |
| NAME           | LUCA, TED          |  |
| STREET ADDRESS | 51 BERKELEY STREET |  |
| CITY-ST-ZIP    | SATELLITE BEACH FL |  |
| TITLE          | ST                 | <input type="checkbox"/> Delete            |
| NAME           | LUCA, ANNA T.      |  |
| STREET ADDRESS | 51 BERKELEY ST     |  |
| CITY-ST-ZIP    | SATELLITE BEACH FL |  |
| TITLE          | D                  | <input type="checkbox"/> Delete            |
| NAME           | SCUOTTO, PAT       |  |
| STREET ADDRESS | 57 BERKELEY ST.    |  |
| CITY-ST-ZIP    | SATELLITE BEACH FL |  |
| TITLE          | D                  | <input type="checkbox"/> Delete            |
| NAME           | ROTHBAUER, NANCY   |  |
| STREET ADDRESS | 59 BERKELEY STREET |  |
| CITY-ST-ZIP    | SATELLITE BEACH FL |  |
| TITLE          | D                  | <input checked="" type="checkbox"/> Delete |
| NAME           | ALDERFER, JUSTIN   |  |
| STREET ADDRESS | 61 BERKELEY ST.    |  |
| CITY-ST-ZIP    | SATELLITE BEACH FL |  |
| TITLE          | V                  | <input type="checkbox"/> Delete            |
| NAME           | STEWART, GREGORY   |  |
| STREET ADDRESS | 49 BERKELEY STR    |  |
| CITY-ST-ZIP    | SATELLITE BCH FL   |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |  |
|----------------|--|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | D JUDY BOVE  |
| STREET ADDRESS | 3 GROVER DRIVE   |
| CITY-ST-ZIP    | WAYNE N.J. 07470   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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:

*ANNOIATE REUCIAD*

*Anna T. Luca 4/10/00 407 777-0581*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)