


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90034 041 ****61.25

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NO-T APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LUCA, ANNA 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. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <u><i>Anna T. Luca</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <u>ANNA T. LUCA</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCUOTTO, PAT SCUOTTO		NAME		
STREET ADDRESS	57 BERKELEY ST		STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH FL		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUCA, ANNA T.		NAME		
STREET ADDRESS	51 BERKELEY ST		STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEWART, GREGORY		NAME		
STREET ADDRESS	49 BERKELEY ST		STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALDERFER, BRIAN		NAME		
STREET ADDRESS	61 BERKELEY ST		STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOVE, JUDY		NAME		
STREET ADDRESS	3 GROVER DR		STREET ADDRESS		
CITY-ST-ZIP	WAYNE NJ 07470		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEWART, GREGORY		NAME	NANCY ROTHBAUER	
STREET ADDRESS	49 BERKELEY STR		STREET ADDRESS	59 BERKELEY ST.	
CITY-ST-ZIP	SATELLITE BCH FL		CITY-ST-ZIP	SAT. BCH FL	
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: <u><i>Anna T. Luca</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2-27-04</u> Daytime Phone # <u>777-0581</u>		