



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90569 033 ****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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04132005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number NOT APPLICABLE	
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.					
SIGNATURE <u>Anna T. Luca</u> ANNA T. LUCA <u>4-13-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	DP SCUOTTO, PAT 57 BERKELEY ST SATELLITE BEACH, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NANCY ROTHBAUER 59 BERKELEY ST SATELLITE BEACH, FL 32907.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LUCA, ANNA T. 51 BERKELEY ST SATELLITE BEACH, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUE GOLDING 57 BERKELEY ST SATELLITE BCH, FL 32907.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, GREGORY 49 BERKELEY ST SATELLITE BEACH, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	THOMAS ATKINSON 65 BERKELEY ST SATELLITE BCH, FL 32937.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALDERFER, BRIAN 61 BERKELEY ST SATELLITE BEACH, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOVE, JUDY 3 GROVER DR WAYNE, NJ 07470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOVE, JUDY 3 GROVER DR WAYNE, NJ 07470	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROTHBAUER, NANCY 59 BERKLEY ST SATELLITE 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>Anna T. Luca</u> 4-13-05 777-0581 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					