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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000899 (2)**

1. Corporation Name

BERKELEY SQUARE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 12973 TELECOM PARKWAY NORTH TAMPA FL 33637	Mailing Address 12973 TELECOM PARKWAY NORTH TAMPA FL 33637-0907
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3. Date Incorporated or Qualified 02/19/1996	3a. Date of Last Report
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2. Principal Place of Business 21 4014 GUNN Highway Suite, Apt. #, etc. 22 Suite 250 City & State 23 Tampa Florida Zip 24 33624 Country 25 USA	2a. Mailing Address 26 824 East Fletcher Ave Suite, Apt. #, etc. 27 City & State 28 Tampa Florida Zip 29 33612 Country 30 USA	4. FEI Number 59-337 1121 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRIFFITH, R. SCOTT
12973 TELECOM PARKWAY NORTH
TAMPA FL 33637

81 Name GRIFFITH, R. Scott	82 Street Address (P.O. Box Number is Not Acceptable) 4014 GUNN Highway	83 Suite 250	84 City Tampa	85 FL	86 Zip Code 33624
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D / P GRIFFITH, R. SCOTT 12973 TELECOM PARKWAY NORTH TAMPA FL 33637 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D / S PRIETO, ALICE M 12973 TELECOM PARKWAY NORTH TAMPA FL 33637 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D / P SMITH, CHRISTOPHER 12973 TELECOM PARKWAY NORTH TAMPA FL 33637 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	D / P GRIFFITH, R. Scott 4014 GUNN Highway, Suite 250 Tampa, Florida 33624 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	D / S Bennett, Stephen M 4014 GUNN Highway Suite 250 Tampa, Florida 33624 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	D / P Smith, Christopher 4014 GUNN Highway, Suite 250 Tampa, Florida 33624 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-30-97** Daytime Phone # **977-2604**

CR2E037 (9/96)