


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90023 043 ****61.25

2801 (09)

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000000899					
1. Corporation Name BERKELEY SQUARE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4014 GUNN HIGHWAY SUITE 250 TAMPA FL 33624 US			Mailing Address 7001 TEMPLE TERRACE HWY TEMPLE TERRACE FL 33637 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/19/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3371121	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		31		Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GRIFFITH, R. SCOTT 4014 GUNN HIGHWAY SUITE 250 TAMPA FL 33624				81 Name STEVEN H. MEZER, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 1212 COURT ST. SUITE B 83 84 City CLEARWATER FL 85 Zip Code 33756			

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]* (NOTE: Registered Agent signature required when reinstating) DATE **6-11-99**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GRIFFITH, R. SCOTT			1.2 NAME	CHRISTOPHER POWERS		
STREET ADDRESS	4014 GUNN HIGHWAY SUITE 250			1.3 STREET ADDRESS	12376 BERKELEY SQUARE DR.		
CITY-ST-ZIP	TAMPA FL			1.4 CITY-ST-ZIP	TAMPA, FL 33626		
TITLE	DS	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	V/P/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BENNETT, STEPHEN M			2.2 NAME	JENNIFER RIGNI		
STREET ADDRESS	4014 GUNN HIGHWAY SUITE 250			2.3 STREET ADDRESS	12454 BERKELEY SQUARE DR		
CITY-ST-ZIP	TAMPA FL			2.4 CITY-ST-ZIP	TAMPA, FL 33626		
TITLE	DVP	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	S/T/D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BULLOUK, B			3.2 NAME	JOHN NOVAK		
STREET ADDRESS	4014 GUNN HWY, STE 250			3.3 STREET ADDRESS	12454 BERKELEY SQUARE DR.		
CITY-ST-ZIP	TAMPA FL 33624			3.4 CITY-ST-ZIP	TAMPA, FL 33626		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE **6/23/99** DAYTIME PHONE # **980-1000**

CR2E037 (1/1/98)