

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000899

FILED
Apr 13, 2009
Secretary of State

Entity Name: BERKELEY SQUARE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4131 GUNN HWY
TAMPA, FL 33624 US

New Principal Place of Business:

Current Mailing Address:

4131 GUNN HWY
TAMPA, FL 33624 US

New Mailing Address:

FEI Number: 59-3371121

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEZER, STEVEN H
BUSH, ROSS, GARDNER, WARREN, & RUBY
220 N FRANKLIN ST.
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

MEZER, STEVEN H
220 N FRANKLIN ST
TAMPA, FL 33602 US

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: STEVEN MEZER

04/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: SALVIOR, KAREN
Address: 12466 BERKELEY SQUARE DRIVE
City-St-Zip: TAMPA, FL 33626

Title: PD () Delete
Name: PEIKIN, TODD
Address: 12487 BERKELEY SQUARE DR
City-St-Zip: TAMPA, FL 33626

Title: D () Delete
Name: ZUCKERMAN, DAVID
Address: 12326 BERKELEY SQUARE DRIVE
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: SALVIOR, KAREN
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: PD (X) Change () Addition
Name: PEIKIN, TODD
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: D (X) Change () Addition
Name: ZUCKERMAN, DAVID
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD PEIKIN

PD

04/13/2009

Electronic Signature of Signing Officer or Director

Date