

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**NONPROFIT CORPORATION ANNUAL REPORT 1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED AND FILED

98 NOV -5 AM 11:32

**DOCUMENT # N97000000182 (2)**

1. Corporation Name  
**BERGERON PARK OF COMMERCE OWNER'S ASSOCIATION, INC.**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address  
 19612 S.W. 69TH PLACE 19612 S.W. 69TH PLACE  
 FT. LAUDERDALE FL 33332 FT. LAUDERDALE FL 33332

3. Date Incorporated or Qualified  
**01/14/1997**

4. FEI Number Applied For  
**65-0830501** Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent  
**NESS, FRANK**  
**19612 S.W. 69TH PLACE**  
**FT. LAUDERDALE FL 33332**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
 NAME **PD BERGERON, RONALD M SR.**  
 STREET ADDRESS **19612 S.W. 69TH PLACE**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33332**

TITLE  DELETE  
 NAME **VD NESS, FRANK**  
 STREET ADDRESS **19612 S.W. 69TH PLACE**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33332**

TITLE  DELETE  
 NAME **STD DOMINGUEZ, JOANN**  
 STREET ADDRESS **19612 S.W. 69TH PLACE**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33332**

TITLE  DELETE

TITLE  DELETE

TITLE  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 D  
 1.2 NAME **Philip G. Saia**  
 1.3 STREET ADDRESS **19612 S.W. 69th Place**  
 1.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33332**

2.1 TITLE  Change  Addition  
**200002687622-5**  
**11/13/98-01098-021**  
**\*\*\*\*\*70.00 \*\*\*\*\*70.00**

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE: *[Signature]* **9/22/98 (954) 680-6100**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

001830

CR2E037 (5/98)