SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $300)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 14 AM 11:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **722728** **(3)**

1. Corporation Name

BERKLEY SOUTH CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3015 N. OCEAN BLVD. FT. LAUDERDALE FL 33308	3015 N. OCEAN BLVD. FT. LAUDERDALE FL 33308

3. Date Incorporated or Qualified: 02/21/1972
3a. Date of Last Report: 08/17/1994
4. FEI Number: 59-1429268 ☐ Applied For ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ALLEN, RICHARD
3015 N. OCEAN BLVD., #6L
FT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name: GOLD COAST PROPERTY MGMT
82 Street Address (P.O. Box Number is Not Acceptable): 10001 W. OAKLAND PARK BLVD
83: SUITE 300
84 City: SUNRISE FL 85 Zip Code: 33351

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] SANFORD LUSTHAUS 7/14/95
*Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	ALLEN, RICHARD	1.2 NAME	MARK HARITON
STREET ADDRESS	3015 N OCEAN BLVD	1.3 STREET ADDRESS	3015 N OCEAN BLVD
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	1.4 CITY-ST-ZIP	FT LAUDERDALE FL 33308
TITLE	S	2.1 TITLE	V.P ☒ Change ☐ Addition
NAME	ERHARDT, SONNY	2.2 NAME	TOMAS ANTHONY
STREET ADDRESS	3015 N OCEAN BLVD	2.3 STREET ADDRESS	3015N OCEANB LVD
CITY-ST-ZIP	FT LAUDERDALE FL 33308	2.4 CITY-ST-ZIP	FT LAUDERDALE FL 33308
TITLE	D	3.1 TITLE	S ☒ Change ☐ Addition
NAME	AISPURO, MARIO	3.2 NAME	SIRAN DER-OCOROSSIAN
STREET ADDRESS	3015 N OCEAN BLVD	3.3 STREET ADDRESS	3015 N OCEAN BLVD
CITY-ST-ZIP	FT LAUDERDALE FL 33308	3.4 CITY-ST-ZIP	FT LAUDERDALE FL 33308
TITLE	T	4.1 TITLE	T ☒ Change ☐ Addition
NAME	DEBLAISE, JOE	4.2 NAME	J.P. OTTINO
STREET ADDRESS	3015 N OCEAN BLVD	4.3 STREET ADDRESS	3015 N OCEAN BLVD
CITY-ST-ZIP	FT LAUDERDALE FL 33308	4.4 CITY-ST-ZIP	FT LAUDERDALE FL 33308
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	GALLUPO, JOHN	5.2 NAME	RALPH MYERS
STREET ADDRESS	3015 N OCEAN BLVD	5.3 STREET ADDRESS	3015N OCEAN BLVD
CITY-ST-ZIP	FT LAUDERDALE FL 33308	5.4 CITY-ST-ZIP	FT LAUDERDALE FL 33308
TITLE	V	6.1 TITLE	D ☒ Change ☐ Addition
NAME	CARRIGAN, TOM	6.2 NAME	DEBRA MAYEY
STREET ADDRESS	3015 N OCEAN BLVD	6.3 STREET ADDRESS	3015N OCEAN BLVD
CITY-ST-ZIP	FT LAUDERDALE FL 33308	6.4 CITY-ST-ZIP	FT LAUDERDALE FL 33309

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Ralph M Myers 6/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (3/95)

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