## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 742412** Apr 24, 2000 8:00 am Secretary of State 1. Entity Name BERKSHIRE J CONDOMINIUM ASSOCIATION, INC. 04-24-2000 90161 045 \*\*\*\*61.25 Principal Place of Business Mailing Address BERKSHIRE J-204 BERKSHIRE J-204 WEST PALM BEACH FL 33417-2163 WEST PALM BEACH FL 33417 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-1635943 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required --≈ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) BORGIA, ANNA 204 BERKSHIRE J CEN VIL WEST PALM BEACH FL 33417 Zip Code 8. 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 Signature, typed or printed name of registered agent and title if applicable. - - (NOTE: Registered Agent signature required when reinstating) FILE NOW: --- \*\* - 9. Election Campaign Financing Make:Check Payable.to = \$5:00 May Be -Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ☐ Delete TITLE TITLE ECKSL, JACK NAME NAME STREET ADDRESS 211 BERKSHIRE J BEN VIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W PALM BCH FL TITLE ☐ Delete TITLE - - -MOSKOWITZ, ABE NAME NAME STREET ADDRESS STREET ADDRESS 194 BERKSHIRE J CEN VIL CITY-ST-ZIP CITY-ST-ZIP W PALM BCH FL ☐ Delete TITLE ST TITLE NAME NAME ZELMAN, BERT STREET ADDRESS STREET ADDRESS 202 BERKSHIREJ CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33417 TITLE SBD .Delete TITLE NAME GOLD. BILLIE NAME STREET ADDRESS STREET ADDRESS 207 BERKSHIRE J CEN VIL CITY-ST-ZIP CITY-ST-ZIP W PALM BCH FL TITLE Delete TITLE NAME NAME BORGIA, ANNA STREET ADDRESS STREET ADDRESS 204 BERKSHIRE J. CEN VIL CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL TITLE ☐ Delete TITLE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other into a modern control of the corporation of the receiver or trustee empowered.

CITY\_ST-ZIP

name Street address

SIGNATURE:

SAVINI. ROSE

196 BERKSHIRE J

WEST PALM BEACH FL 33417

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-684-5605