

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90138 038 ****61.25

DOCUMENT # 742412

1. Entity Name

BERKSHIRE J CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

BERKSHIRE J-204
WEST PALM BEACH FL 33417

Mailing Address

BERKSHIRE J-204
WEST PALM BEACH FL 33417

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SEACREST SERVICES INC.
2400 CENTREPARK DR. W.
SUITE 175
WEST PALM BEACH, FL. 33409

City & State

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-1635943

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

193 BORGIA, ANNA
204 BERKSHIRE J CEN VIL
WEST PALM BEACH FL 33417

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Delete
NAME	PICCHIELLO, ALDO	
STREET ADDRESS	212 BERKSHIRE J	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	BD	<input type="checkbox"/> Delete
NAME	VALENTI, ANNA	
STREET ADDRESS	201 BERKSHIRE J	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BORGIA, ANDREW	
STREET ADDRESS	205 BERKSHIRE J	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	BD	<input type="checkbox"/> Delete
NAME	RIZZUTO, DOLORES	
STREET ADDRESS	210 BERKSHIRE J	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	P	<input type="checkbox"/> Delete
NAME	BORGIA, ANNA	
STREET ADDRESS	204 BERKSHIRE J. CEN VIL	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	BD	<input type="checkbox"/> Delete
NAME	GUIDA, ROBERT	
STREET ADDRESS	197 BERKSHIRE J	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	

TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERT ZELMAN	
STREET ADDRESS	202 BERKSHIRE J	
CITY-ST-ZIP	W. P. B., FL 33417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	193 Berkshire J	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

SIGNATURE:

Anna Borgia Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/05 561-684-5605
Date Daytime Phone #