

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742412

FILED
Mar 01, 2009
Secretary of State

Entity Name: BERKSHIRE J CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

200 BERKSHIRE J
SUITE 200
WEST PALM BEACH, FL 33417

New Principal Place of Business:

Current Mailing Address:

200 BERKSHIRE J
SUITE 200
WEST PALM BEACH, FL 33417

New Mailing Address:

FEI Number: 59-1635943

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAROCCA, SAMUEL
200 BERKSHIRE J
WEST PALM BEACH, FL 33417 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MARTELLI, MICHAEL
Address: 195 BERKSHIRE J
City-St-Zip: WEST PALM BEACH, FL 33417

Title: P () Delete
Name: LAROCCA, SAMUEL J
Address: 200 BERKSHIRE J
City-St-Zip: WEST PALM BEACH, FL 33417

Title: TD () Delete
Name: VALENTI, ANNA
Address: 201 BERKSHIRE J
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VP () Delete
Name: O'CALLAGHAN, JEREMIAH
Address: 203 BERSHIRE J EIN VIL
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D () Delete
Name: ZELMAN, BERT
Address: 202 BERKSHIRE J
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D () Delete
Name: PICCHIELLO, ALDO
Address: 212 BERKSHIRE J
City-St-Zip: WEST PALM BEACH, FL 33417

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: MARTELLI, MICHAEL
Address: 195 BERKSHIRE J
City-St-Zip: WEST PALM BEACH, FL 33417

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: O'CALLAGHAN, JEREMIAH
Address: 203 BERSHIRE J EIN VIL
City-St-Zip: WEST PALM BEACH, FL 33417

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SAM LAROCCA

PRES

03/01/2009

Electronic Signature of Signing Officer or Director

Date