

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # 751159 1. Entity Name THE BERKSHIRE, INC.	
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Principal Place of Business 1775 S OCEAN BLVD DELRAY BCH, FL 33483	Mailing Address 1775 S OCEAN BLVD DELRAY BCH, FL 33483
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DO NOT WRITE IN THIS SPACE



02062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2027088	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHWARTZ, RICHARD M. 21306 RAINDANCE LANE BOCA RATON, FL 33428

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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.

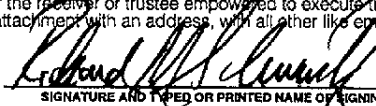
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000078969 03/08/04-80047-022 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PLETCHER, THOMAS 9017 HAWTHORNE AVENUE SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DELAND, GENEVIEVE 8400 SW 55 COURT DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHWARTZ, RICHARD M. 21306 RAINDANCE LANE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AMASON, DAVID 328 E LAKEWOOD ROAD WEST PALM BEACH, FL 33405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUIRKE, HAROLD 898 COVENTRY ST BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, MARLENE K 141 SW 96TH TERRACE PLANTATION, FL 33024

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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:  **Richard M. Schwartz** 3/3/04 561-278-3643

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #