

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90006 034 ****61.50

DOCUMENT # 763938

1. Corporation Name

VILLAS OF BERKLEY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

656 BERKLEY ST
UNIT #1
BOCA RATON FL 33487
US

656 BERKELEY STREET
UNIT #1
BOCA RATON FL 33487
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/28/1982

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WYMER, GEORGE
661 COVENTRY ST. #8
BOCA RATON FL 33487

81 Name
DEARSTONE, DAWN
82 Street Address (P.O. Box Number is Not Acceptable)
656 BERKLEY ST
83 BOCA RATON
84 City BOCA RATON FL 85 Zip Code 33487

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 DAWN DEARSTONE
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 PD
NAME MANN, TIFFANY
STREET ADDRESS 558 BERKELEY STREET
CITY-ST-ZIP BOCA RATON FL 33487 ☒ DELETE

1.1 TITLE PD
1.2 NAME TAURAS, ROBERT
1.3 STREET ADDRESS 661 COVENTRY ST
1.4 CITY-ST-ZIP BOCA RATON, FL ☒ Change ☐ Addition

TITLE VD
NAME MOEGENBURG, CLAY
STREET ADDRESS 667 COVENTRY ST
CITY-ST-ZIP BOCA RATON FL 33487 ☒ DELETE

2.1 TITLE VP
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE SD
NAME DEARSTONE, DAWN MARIE
STREET ADDRESS 656 BERKELEY ST
CITY-ST-ZIP BOCA RATON FL 33487 ☐ DELETE

3.1 TITLE SD
3.2 NAME DEARSTONE, DAWN MARIE
3.3 STREET ADDRESS 656 BERKELEY ST
3.4 CITY-ST-ZIP BOCA RATON, FL 33487 ☐ Change ☐ Addition

TITLE T
NAME WYMER, GEORGE
STREET ADDRESS 661 COVENTRY ST
CITY-ST-ZIP BOCA RATON FL ☒ DELETE

4.1 TITLE T
4.2 NAME TSCHAAF, ANNETTE
4.3 STREET ADDRESS 459 BERKELEY ST
4.4 CITY-ST-ZIP BOCA RATON, FL 33487 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7.07.99 561-997-5864

CR2E037 (5/99)