


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N08478
 1. Entity Name
 BEROL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 550 SW 138 AVE 1601 W 64 ST
 K 106 HIALEAH, FL 33012 US
 P PINES, FL 33027 US

DO NOT WRITE IN THIS SPACE



03152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0121770	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
 RAMIREZ, BARNABE
 550 SW 138 AVE
 APT 106
 P PINES, FL 33027

DO NOT WRITE IN THIS SPACE

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, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAMIREZ, BARNABE 550 SW 138 AVE , K 106 P PINE, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAMIREZ, OLGA 550 SW 138 AVE , K 106 P PINES, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMIREZ, OLGA 550 SW 138 AVE , K 106 P PINES, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000865530
 04/07/08-20032-012 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Olga Ramirez* **OLGA RAMIREZ** *03/15/08*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #